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Awareness Raising on Mental Health Psycho-Social Support (MHPSS) for the Refugees Living in Turkey

AWARENESS OF ASYLUM SEEKERS LIVING IN TÜRKİYE ON MENTAL HEALTH AND PSYCHOLOGICAL SUPPORT NEEDS ASSESSMENT

Kingdom of the Netherlands

ASSOCIATION FOR SOLIDARITY WITH ASYLUM SEEKERS AND MIGRANTS
SGDD - ASAM
1995

Awareness of Asylum Seekers Living in Türkiye on Mental Health and Psychological Support Needs Assessment

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Contents

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Awareness Raising on Mental Health Psycho-Social Support (MHPSS) for the Refugees Living in Türkiye Project is implemented by the Association for Solidarity with Asylum Seekers and Migrants (ASAM) with the support of the Ministry of Foreign Affairs of the Kingdom of the Netherlands. This report has been prepared by ASAM.

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ABBREVIATIONS

AFAD	Disaster and Emergency Management Presidency of the Ministry of Interior
LGBTİ+	Lesbian, Gay, Bisexual, Trans, Intersex and Plus
MHPSS	Mental Health and Psychosocial Support
UNHCR	United Nations High Commissioner for Refugees
SGBV	Sexual and Gender Based Violence
ASAM	Association for Solidarity with Asylum Seekers and Migrants
PTSD	Post-Traumatic Stress Disorder
RHTC	Refugee Health Training Center
BM	United Nations
PMM	Presidency of Migration Management
FGD	Focus Group Discussion
PSS	Psychosocial Support
SB	Ministry of Health
STK	Non-Governmental Organization
WHO	World Health Organization

LIST OF TABLES

LIST OF FIGURES

1. CONTEXT AND BACKGROUND

With the outbreak of the conflict and crisis in Syria in 2011, approximately 5.5 million Syrians have been forced to migrate to countries in the region, mainly neighboring countries like Türkiye, Lebanon and Jordan. As a result of this mass migration movement that began in 2011, Türkiye hosts 3.629.807 Syrian refugees as of 13 October 2022 according to the statistics of the Presidency of Migration Management (PMM)[1]. In addition to this population, there are also around 330.000 asylum seekers from other nationalities, mainly from Iraq, Afghanistan, Iran and Somali, who live in Türkiye. These numbers place Türkiye in the position of being the country that hosts the greatest number of asylum seekers in the world. The Syrians, who lived in temporary accommodation centers (camps) during the period when the mass migration began, have later on started settling into border regions and the city centers of provinces close to these regions as the population of individuals seeking asylum in Türkiye increased. A majority of the population who were stuck in the provinces on the border line have migrated internally towards Türkiye's western provinces to be able to access services, mainly livelihoods, as well as health and education. Most of the Syrians in Türkiye currently live in border provinces and metropolitan city centers in the west, such as Istanbul, İzmir, Bursa, Ankara and Konya. As for the non-Syrian asylum seekers, it is seen that this population has mostly settled in the Central Anatolian and the Black Sea regions, mainly Nevşehir, Karabük, Trabzon and Samsun.

The asylum seeker population frequently experiences problems relating to mental health and psychosocial support (MHPSS). The conflict and war situation these people have found themselves in all of a sudden in their country of origin and the migration process experienced afterward have negatively affected the psychological wellbeing of the asylum seekers. In addition to the difficult social, cultural and economic adaptation process in the post-migration period, the pandemic and economic crisis experienced have created concerns for the future and further exacerbated asylum seekers' wellbeing, which was already disrupted when arriving from their country of origin. These adverse effects particularly have a greater impact on women, persons with disabilities, children, adolescents, and persons in the advanced age group. When considering all these factors together, it is known that there is an increased need for MHPSS activities by asylum seekers and these vulnerable groups in particular.

The United Nations High Commissioner for Refugees reports that asylum seekers suffer from certain mental health conditions, including post-traumatic stress disorder (PTSD), anxiety reaching very high levels, and depression[2]. It is known that these conditions cause difficulties in the daily functioning of the asylum seekers, disturbances in their physical health, challenges in terms of social cohesion, and disruptions in the wellbeing of the household. Symptoms such as hopelessness, fatigue and loneliness that result in feelings of "exclusion" are observed. Studies conducted in the field of mental health indicate that asylum seekers face various stressors. It is noted that the first stressor involves concerns related to legal status and protection, the second stressor involves difficulties in accessing basic services by those who require continued care, and the third stressor involves tensions that exist on the basis of misconceptions related to legal status[3]. The studies conducted show that different backgrounds of migration could have an impact on mental health. Sex, age at immigration, pre- and post-migration traumas, and discrimination are considered significant factors in terms of mental health[4]. The needs assessment aims to understand whether different stressors, in addition to those found in literature, are also effective, and to discover how these stressors differ based on distribution by gender, age, nationality, duration of stay in Türkiye, economic status in country of origin, level of education, procurement of mental health service, regional differences, number of communication channels, and occupational status.

As for mental health problems, there are studies that put forward that there is a downward tendency to seek help by

1 https://en.goc.gov.tr/temporary-protection27

2 https://www.unhcr.org/news/briefing/2013/4/517a58af9/unhcr-report-shows-health-services-syrian-refugees-increasingly-overstretched.html

3 Hijazi, Z., & Weissbecker, I. (2015). Syria crisis: addressing regional mental health needs and gaps in the context of the Syria Crisis. International Medical Corps: Washington.

4 Kim, I., Keovisai, M., Kim, W., Richards-Desai, S., & Yalim, A. C. (2019). Trauma, discrimination, and psychological distress across Vietnamese refugees and immigrants: a life course perspective. Community mental health journal, 55(3), 385-393.

concerning group. In a study conducted in 2014 in the camps in Türkiye, although 41.8% of the surveyed sample met the criteria for post-traumatic stress disorder, only 34% conveyed that they wanted to see a psychiatrist[5]. Confidentiality and doctor-patient relationship were indicated as the reason for rejecting referral. In addition to the post-war burden, it is believed that the current stressors also influence individuals' mental health and their tendency to seek help. Studies exist, which show that the behaviors of seeking help could differ according to persons with different specific needs. It is reported that having a background of human rights violations and violence triggers fear among individuals who have been exposed to gender-based violence, which constitutes a risk in their behavior of seeking help, consequently causing less help to be sought[6]. With this needs assessment, it is aimed to identify the views of asylum seekers concerning referral and access to services and to develop the available studies based on their views.

As observed, the MHPSS issues mentioned above have become a reality in the everyday lives of the population in this study. This asylum seeker population is a "Highly Vulnerable" group consisting of persons with histories of lifelong traumas and social exclusion. MHPSS knowledge, the response itself and the follow-up of the person in need are critical in all psychosocial response processes. If asylum seekers do not receive any kind of psychological support, it is believed that apart from these mental health problems, much deeper risks, such as SGBV, domestic violence, child abuse, child labor, child and early marriage, and drug abuse, could emerge as a reflection of utilizing negative coping strategies. When reviewing studies concerning the factors that affect mental health, asylum seekers' traumatic experiences, challenges they face following resettlement, and economic status come to the fore[7]. Although the impact of traumatic experiences on mental health is important, the complex needs emerging with migration should also be addressed. Difficulties in finding jobs, social/family problems and lack of socialization as stressors also have a direct impact on mental health.

When the mental health of individuals is disrupted, they should be able to be aware of the symptoms and understand that they need to receive help. Therefore, they must possess a basic knowledge about mental health to make an effort to seek help. Experiences in the field reveal that asylum seekers are unaware of their psychological problems due to a lack of information on MHPSS issues, are uninformed that the treatment of these problems is possible, and lack information about where and how to access the relevant services.

Considering the barriers to benefitting from mental health services, asylum seekers do not make requests for receiving help from mental health professionals due to a lack of information on mental health, being unaware of the symptoms of psychological problems, or not knowing how to treat them even if they are aware of such symptoms. Moreover, stigma and shame, preferring alternative methods suitable to different cultures, the existing belief that the system is inadequate, and the challenges created by resorting to service in a different language than the native language are considered as the barriers to service use[8]. Although it is considered that similar findings will also be established in this research, it is also aimed to identify solutions to reduce these barriers and to discover the sources asylum seekers use to obtain reliable information. This way, it is intended to extend the available works and services and to provide information about which methods would be appropriate to utilize for awareness raising activities to be organized in the future.

In addition to the above mentioned challenges, the current Covid-19 pandemic has brought along further negative

5 Jefee-Bahloul, H., Moustafa, M. K., Shebl, F. M., & Barkil-Oteo, A. (2014). Pilot assessment and survey of Syrian refugees' psychological stress and openness to referral for telepsychiatry (PASSPORT Study). Telemedicine and e-Health, 20(10), 977-979.

6 Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. Jama, 294(5), 602-612.

7 Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: a systematic literature review. BMC international health and human rights, 15(1), 1-41.

8 Mental Health Is for Crazy People": Perceptions and Barriers to Mental Health Service Use among Refugees from Burma W Kim, AC Yalim, I Kim Community mental health journal 57 (5), 965-972).

impacts in terms of income generation opportunities for asylum seekers, including loss of jobs, closure of business or decreased household income. When considering the unsolicited consequences of the Covid-19 period, including increased levels of stress due to uncertainties about the future, loss of livelihoods and disruption of normal life, it has been observed that there is an increase in the need for support for these groups[9]. It has also been seen that this virus not only constitutes a major threat to physical health but also a threat to mental health. Uncertainty about the future, lost livelihood opportunities, and consequently, financial hardships and loss of loved ones will lead to the emergence of mental health problems that did not exist before or will exacerbate pre-existing problems, increasing the need for psychological support[10].

During the Covid-19 pandemic, it became necessary to improve MHPSS services for the general public. The Psychiatric Association of Türkiye published several special guidelines[11] in May 2020 and the following months on the treatment of severe mental disorders, such as schizophrenia, bipolar disorder[11], and psychotic disorders, and on special care concerning these disorders under quarantine conditions. Whereas, the Turkish Psychologists Association formed a network of volunteer psychologists in the beginning of April 2020 to deal with Covid-19 via crisis intervention throughout Türkiye[12]. During the Covid-19 pandemic, the needs related to MHPSS also became a current issue amongst the asylum seekers. Especially with the outbreak of the pandemic, it was observed that there was at least one member in the refugee household who regularly felt stressed, distressed, sad, worried, afraid or angry. The Covid-19 pandemic also had adverse impacts in terms of access to MHPSS services. It was reported that many asylum seekers avoided going to hospitals due to fear of being infected. In addition, while many public health centers and hospitals were used to offering services concerning the pandemic, many people in need of MHPSS had felt the need to postpone their appointments with the fear that they would be infected. This needs assessment report aims to identify experiences related to the pandemic that affects mental health.

The available studies do not describe the mental health needs of this group based on population. The most general survey concerning the basic health needs and chronic illnesses of the Syrian population was conducted in 2016 by the Ministry of Health (MoH) in collaboration with the Disaster and Emergency Management Presidency of the Ministry of Interior (AFAD) and WHO involving a sample of 5.760 Syrian asylum seekers staying at camps at that time[13]. Before that period, AFAD had conducted general population research in 2013 to identify the detailed profile of Syrian asylum seekers in Türkiye[14]. As part of the survey, data were gathered from a sample of 2700 households residing in and outside camps between 23 June and 6 July 2013. In 2014, another data based on the same sample, which focuses on the living conditions of Syrian women and includes parameters, such as age, education, marital status, occupation, and monthly income was presented[15]. However, these surveys do not include a health component. On the other hand, ASAM experts in the field are frequently concerned with persons having severe mental disorders that have never been identified and diagnosed until older ages. In a recent study, Fuhr et alia (2020) refer to an "unmet need and a large mental health treatment gap for Syrian refugees in Türkiye"[16]. Also, various studies show that there is a high prevalence

9 Sectoral Analysis of the Impacts of the COVID-19 Pandemic on Refugee Living in Türkiye Report, 2020, https://data2.unhcr.org

10 https://www.iom.int/sites/g/files/tmzbdl486/files/documents/mhpss-covid-19-guidance-toolkit-v3-en.pdf

11 https://www.psikiyatri.org.tr/TPDData/Uploads/files/SizofreniCOVID-20052020.pdf

12 https://www.psikolog.org.tr/en/groups/travma-afet-ve-kriz-birimi-66425

13 https://sbu.saglik.gov.tr/Ekutuphane/Yayin/541

14 https://www.afad.gov.tr/kurumlar/afad.gov.tr/17947/xfiles/syrian-refugees-in-turkey-2013_baski_30_12_2013_tr_1_.pdf

15 https://www.afad.gov.tr/kurumlar/afad.gov.tr/17935/xfiles/afad-suriye-kdn_eng_1_.pdf

16 Fuhr, D.C., Acarturk, C., Uygun, E. et al. Pathways towards scaling up Problem Management Plus in Turkey: a theory of change workshop. Confl Health 14, 22 (2020). https://doi.org/10.1186/s13031-020-00278-w

of depression and post-traumatic stress disorder (PTSD) among Syrian asylum seekers[17] [18]. When considering the possible reasons for this finding, it is observed that a majority of the women from Middle East countries who have sought asylum in Türkiye in the last 20-25 years are women who have been exposed to sexual violence and have lost their spouses. These women are traumatized after facing violence and as a result, experience loss of control, problems in daily functioning, widespread distrust, depression, PTSD, and suicide attempts[19]. Asylum seeker children are also significantly affected by this situation and around 60% meet the diagnostic criteria psychiatrically valid[20].

The WHO Refugee Health Programme, as part of the overall efforts to close the current gap, is forming Migrant Health Centers (MHS) for the Syrian population in Türkiye[21]. Despite these efforts in healthcare services, a large number of individuals in the community served and the needs of this community may cause the number of MHPSS workers to remain insufficient. Considering that most of the services are provided with the help of interpreters, it could be assumed that the relatively low number of qualified interpreters with training in terms of culture will cause the available services to be extended in a limited manner. These factors put forth the most significant challenges faced in terms of mental health services for asylum seekers.

When comparing secondary and tertiary mental health services offered to the general population in Türkiye, these services are successful. However, insufficiencies in the social services mechanism that would connect these services constitute a major problem in terms of vulnerable groups' access to these services and their follow-up. This situation creates significant challenges for asylum seekers in accessing the health system starting from primary healthcare services. Since the asylum seekers in Türkiye do not undergo any kind of orientation program on the presence, severity and prevalence of mental health problems and related solutions, they lack knowledge about these issues. In this context, it must be taken into consideration that asylum seekers require basic guidance and information on which mental health services are available, how they can be accessed, how they can make an appointment, how they could convey their problems when they go to the doctor, what they should expect from the doctor, and how mental health service procedures are carried out in order to ensure their effective integration with the available mental health services.

Based on ASAM's observations gained in the field over the years, it is possible to say that the most effective way to achieve positive outcomes from MHPSS works is to convey the messages wanted to get across in a culturally sensitive and humane manner. Asylum seekers have their own way of speaking about their symptoms and tend to use idiomatic expressions to define their pains. It is suggested that the studies conducted to improve the psychological wellbeing of asylum seekers include studies that address the current conditions that exist, involve the fair distribution of economic sources, ensure social cohesion, and aim to form ties between communities[22]. Therefore, based on the information provided by these studies and ASAM's observations over 27 years, it has been aimed to improve the psychological wellbeing of asylum seekers through focus group discussions and in-depth interviews to be held with them directly in the scope of this needs assessment.

To overcome the above mentioned difficulties and meet the needs, this needs assessment report aims to investigate the activities conducted in the field of MHPSS, identify the deficiencies in the field based on the assessments to be made with asylum seekers under Temporary Protection and International Protection Applicants, as well as with service providers and the target groups consisting of professionals, come up with suggestions concerning these deficiencies, and raise the level of awareness regarding these issues.

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17 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. 2018;206(1):40–5. https://doi. org/10.1097/NMD.0000000000000693

18 Alpak G, Unal A, Bulbul F, Sagaltici E, Bez Y, Altindag A, 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. https://doi.org/10.3109/13651501. 2014.961930 Epub 2014 Oct 6.

19 Buz S (2008) Türkiye'deki Sığınmacıların Sosyal Profili. Polis Bilimleri Dergisi, 10(4): 114.

20 Çeri, V, 2018, Psychiatric Conditions of Refugee Children in Turkey, 10th International Psychopharmacology Congress & 6th International Child and Adolescent Psychopharmacology Symposium, 2018, Antalya

21 WHO. Health services for Syrian refugees in Turkey Copenhagen: WHO; [Available from: http://www.euro.who.int/en/health-topics/emergencies/syria-crisis-health-response-from-turkey/health-services-for-syrian-refugees-in-turkey

22 The Impacts of Contextual Factors on Psychosocial Wellbeing of Syrian Refugees: Findings from Turkey and the United States AC Yalim. Journal of Social Service Research

2. PURPOSE OF THE STUDY

This needs assessment report, prepared by ASAM, aims to measure the level of mental health protection and strengthening of vulnerable groups and to examine asylum seekers' level of awareness on what MHPSS and its components are. It also intends to improve the wellbeing of asylum seekers through sharing of information by determining whether asylum seekers have access to reliable sources of information and the most effective and widespread tools with regard to MHPSS needs and resources. Identifying the gaps in the activities carried out in the area of MHPSS and identifying the impacts of the Covid-19 pandemic on the mental health of these groups are also among the aims of this needs assessment report.

Another purpose of this report is, based on the results obtained from the instruments used in this study, to develop the capacities of vulnerable groups in responding to MHPSS needs and to increase their awareness, and also to develop recommendations to improve access to services within the framework of the mentioned gaps. Lastly, it is aimed to identify and provide the most accessible MHPSS response towards the impacts of the Covid-19 pandemic and to ensure access to services and appropriate social care by those suffering from mental health and psychosocial problems and those living with family members who have moderate or severe mental disorders.

3. OBJECTIVES OF THE STUDY

The objective of this needs assessment is to identify asylum seekers' needs and levels of awareness concerning MHPSS by utilizing quantitative and qualitative analysis methods together.

As part of the quantitative research, it has been aimed to offer solutions for the following questions:

1) How aware are asylum seekers of their mental health problems?

   a. Does awareness of physical difficulty vary according to demographic features?

   b. Does awareness of cognitive difficulty vary according to demographic features?

   c. Does awareness of social difficulty vary according to demographic features?

   d. Does awareness of emotional difficulty vary according to demographic features?

2) What are the coping strategies used by asylum seekers regarding their mental health problems?

   a. Frequency of using functional coping strategies

   b. Frequency of using dysfunctional coping

3) How does the accuracy of the information on mental health possessed by asylum seekers differ?

4) How does the Covid-19 pandemic affect mental health?

On the other hand, as part of the qualitative research, it has been aimed to offer solutions for the following questions:

1) How aware are asylum seekers in the field of mental health?

2) What are the barriers for asylum seekers in accessing psychological support and which steps should be taken to overcome these barriers?

3) What are the views of asylum seekers regarding the prevalence of mental health problems within the community?

4) Which information is required by asylum seekers in the field of mental health?

5) What are the ways for accessing accurate and reliable information in the field of mental health?

6) What does the concept of mental health mean for asylum seeker children?

7) Which coping strategies do asylum seeker children use when faced with compelling emotions/conditions?

8) What are their views on receiving support from a mental health professional when their coping strategies remain inadequate?

9) What are the effects of receiving psychological support according to children?

10) What are the views of mental health professionals regarding the mental health problems of asylum seekers?

11) What should be changed in the works to be conducted for asylum seekers according to mental health professionals?

12) What are the suggestions of mental health professionals for raising awareness on this issue?

4. METHODOLOGY

Needs assessment is not a comprehensive examination of needs, but is a way to ensure the convenience and timing of the action in terms of raising awareness of the target group. The focus of needs assessment is to choose which issues to prioritize with the direct participation and contribution of the target groups.

The field research conducted has been carried out in 2 ways as qualitative and quantitative research. While the survey conducted for quantitative research aimed to obtain basic and introductory information on asylum seekers' basic knowledge of mental health and their stance on receiving psychological support, the focus group discussions and in-depth interviews held as part of the qualitative research aimed to examine information on mental health, views and obstacles on receiving psychological support, and knowledge of the available services in this field more comprehensively and in depth based on the asylum seekers' sharing of their individual experiences. Through qualitative research, certain issues that might be overlooked or misunderstood and that are relatively more difficult to identify in quantitative research have been examined in depth. The survey, focus group discussion and in-depth interviews conducted in this regard have been carried out by experienced ASAM teams who have worked in the social sciences field, who speak the same language with the participant, and who have previously taken part in research studies. Survey guidelines have been shared with those who would be working on this research and training has been held particular to this research. The training has addressed topics, such as the purpose of the research, methods, information regarding the target group, issues to refrain from while conducting the interviews, and what mental health is.

Attention has been paid to acting in a gender-sensitive approach in all design, implementation and analysis stages of the study and each phase of the needs assessment has been designed with the consciousness that genders have different needs. For this purpose, the support of ASAM's gender specialist has been received during the research stages of the study. Training has also been provided by ASAM's gender specialist so that persons conducting the interviews throughout the study would pay attention to using gender-sensitive language. In all of the written materials generated within this study, the utmost care has been shown to using gender-sensitive language in the design/content of the questions found in the materials, with persons contacted as part of the study, while conveying the purpose of the study and asking the questions, and in the way of explaining the unclear points. Attention has been paid to making sure that the language used in all interviews and sessions is not discriminating, promotes gender equality, and is used as an instrument of combating sexism. This assessment report has been designed as gender-sensitive and the data obtained have also been analyzed in a gender sensitive manner. The analysis of the data has been performed by the monitoring & evaluation officer, who is also a psychologist.

4.1. SURVEY

The survey has been formed to obtain data that is intended to be measured by psychologists specialized in the field of migration. The main purpose of the semi-structured survey, which consists of open-ended and Likert scale questions, is to measure the awareness of asylum seekers related to their mental health problems, learn about the coping strategies they use to overcome these problems, test the accuracy of the information they have regarding mental health problems, and to measure the impact of the Covid-19 pandemic on them. Together with the other questions, in addition to the questions prepared for these main purposes, the survey consists of the following 6 sub-themes:

I. Socio-demographic questions: Intended to identify indicative demographic profiles of the participants, including their age, gender, nationality, country of origin, socio-economic condition, duration of stay in Türkiye, and place of residence in Türkiye. Therefore, the first 13 questions in the survey have been prepared to study the relationship between the participants' demographic information and their levels of awareness about mental health

II. Questions that measure the general view on the mental health services received and the procurement of these services: The participants have been asked 7 questions in this regard. These include open-ended questions on what mental health is and how widespread mental health problems are. Regardless of the answers given to these questions,

each participant has been given a definition of mental health and mental health problems at the end of the survey.

III. Questions that measure awareness of the difficulties caused by mental health problems: Before beginning the questions in this section, the meaning of mental health has been explained to the participants. Afterwards, examples have been given about what might come to mind when referring to mental health problems. The difficulties caused by mental health problems have been grouped under four different categories, including physical, cognitive, social and psychological (emotional), and presented to the participants as 21 questions. In this section, it has been aimed to measure the awareness of the participants under these four categories with regard to the difficulties they may experience in terms of mental health by receiving their answers as yes/no. It is considered that as the score for the categories increase, greater difficulty is experienced in that particular category (see Annex 1).

a. Physical Difficulty Awareness Scores: The scores given to items 1, 11, 13, 14, 17 and 19 under question 20 have been summed up in this section. Increasing scores mean an increase in awareness of the difficulty experienced in the relevant area. The highest score that participants could receive in this section is 10. The mean of the responses given to these questions by those participating in the survey is 8,23. This mean indicates that the participants have a rather high level of awareness of the physical difficulties caused by mental health problems.

b. Cognitive Difficulty Awareness Scores: The scores given to items 7, 8, 15, 18, and 21 under question 20 have been summed up in this section. Increasing scores mean an increase in awareness of the difficulty experienced in the relevant area. The highest score that participants could receive in this section is 10. The mean of the responses given to these questions by those participating in the survey is 7,97. This means that the participants have a rather high level of awareness of the cognitive difficulties caused by mental health problems, but this level is lower than that related to physical difficulties.

c. Social Difficulty Awareness Scores: The scores given to items 2, 3, 4, 5, and 6 under question 20 have been summed up in this section. Increasing scores mean an increase in awareness of the difficulty experienced in the relevant area. The highest score that participants could receive in this section is 10. The mean of the responses given to these questions by those participating in the survey is 8,8. This means that the participants have a rather high level of awareness of the social difficulties caused by mental health problems.

d. Psychological (Emotional) Difficulty Awareness Scores: The scores given to items 6, 9, 10, 12, 16 and 20 under question 20 have been summed up in this section. Increasing scores mean an increase in awareness of the difficulty experienced in the relevant area. The highest score that participants could receive in this section is 10. The mean of the responses given to these questions by those participating in the survey is 7,72. This means that the participants have a rather high level of awareness of the psychological (emotional) difficulties caused by mental health problems, but this level is lower than that related to other groups of difficulty.

e. Scores on Awareness of General Difficulties Caused by Mental Health Problems: The scores given to all items under question 20 have been summed up in this section. Increasing scores mean an increase in awareness of the general difficulties experienced in this area. The highest score that participants could receive in this section is 20. The mean of the responses given to these questions by those participating in the survey is 15,5, which means that the participants have a rather high level of awareness of the general difficulties caused by mental health problems.

IV. Questions that measure the awareness of persons suffering from mental health problems about coping strategies: This section consists of 12 questions that measure which strategies persons resort to in order to cope with their mental health problems. Strategies have been separated into two as functional and dysfunctional coping strategies. Participants have responded to the given statements based on the 3-point Likert scale as “Never”, “Sometimes”, or “Always”. As the score for the categories increase, the coping strategies in that particular group are used more often (see Annex 1).

a. Functional Coping Scores: The scores given to items 2, 4, 5, 8, 9 and 12 under question 21 have been summed up in this section. Increasing scores mean more frequent use of functional coping strategies. The highest score that participants could receive in this section is 10. The mean obtained from the participants in this section is 5,01. This result indicates that the participants do not actually use functional coping strategies at a high rate, but use them more frequently than dysfunctional coping strategies.

b. Dysfunctional Coping Scores: The scores given to items 1, 3, 6, 7, 10 and 11 under question 21 have been summed up in this section. Increasing scores mean more frequent use of dysfunctional coping strategies. The highest score that participants could receive in this section is 10. The mean obtained from the participants in this section is 2,96. This result indicates that the participants use dysfunctional coping strategies at a lower rate. Detailed analyses that are statistically significant have been provided in the following sections.

V. Questions that measure general knowledge on mental health: The participants have been asked 17 questions in this section, intending to measure the participants' general knowledge on mental health. This way, it has been aimed to identify the misconceptions of the participants and to obtain information about their overall levels of awareness. Receiving a high score on the scale means that the person has more accurate knowledge about mental health (see Annex 1).

a. Mental Health Knowledge Scores: The correct answers given to question 22 have been summed up in this section. Increasing scores mean having more "accurate" knowledge about mental health. The highest score that participants could receive in this section is 20. The mean obtained from the participants in this section is 14,23.

VI. Questions that measure the impacts of Covid-19 on mental health: The 8 questions in this section have been prepared for measuring the impacts of the pandemic period on the mental health of the participants. The aim is to identify how the participants have been affected mentally and to use this information to get a more accurate interpretation of the current symptoms. Lower scores mean fewer impacts caused by Covid-19, while higher scores indicate increased negative impacts caused by Covid-19 (see Annex 1).

a. Covid-19 Impact Scores: All the answers given to question 23 have been summed up in this section. Increasing scores mean a greater impact of Covid-19 on mental health. The highest score that participants could receive in this section is 10. The mean obtained from the participants in this section is 4,4.

This survey, conducted for the purpose of finding out the opinions and level of awareness of the asylum seekers on mental health, has been carried out over the phone with asylum seekers living in Türkiye. The interviews have been held in the native language of the asylum seekers by ASAM staff who are experienced in conducting surveys and working with this particular group. A survey guideline has been shared with those who would be conducting the interviews and the data has been recorded online during each interview by using a "Kobo Toolbox". The participants of the survey have responded to 80 questions in total.

4.1.1. Sample of the Survey

"Random sampling" method has been used to identify the participants of the survey. The data collected have been obtained by using the stratified random sampling method. In order to obtain a sample that is adapted in the Project provinces in proportion to the asylum seeker population in each province and geographical region in the country and that represents each and every profile, those volunteering to participate in the study from among the beneficiaries have been selected randomly, taking into account distribution by different age, specific needs codes, gender and nationality. While conducting the needs assessment on the MHPSS needs of the asylum seekers, it has been aimed to interview at least 100 persons in each of the 8 Project provinces (Adana, Ankara, Gaziantep, Istanbul, İzmir, Konya, Samsun and Şanlıurfa). The representation of Türkiye's 6 main regions (Southeastern Anatolia, Marmara, Central Anatolia, Aegean, Mediterranean and Black Sea) with the highest population of asylum seekers has been ensured. The asylum seeker sample identified for participating in the survey has also been formed by taking into account equal distribution according to vulnerabilities. The distribution of the sample, identified with a confidence interval of 99% and a margin of error of 4.13%, is given in the tables below (Table 1 and Table 2).

Province	Men			Women			Total
	18-33	34-49	50+	18-33	34-49	50+	
Adana	21	26	6	21	27	7	**108**
Ankara	15	18	12	23	20	10	**98**
Gaziantep	17	33	18	32	29	15	**144**
İstanbul	60	63	11	25	48	10	**217**
İzmir	24	30	7	26	29	5	**121**
Konya	11	18	9	18	19	3	**78**
Samsun		13	6	25	27	4	**75**
Şanlıurfa	13	23	15	13	26	6	**96**
Total	**161**	**224**	**84**	**183**	**225**	**60**	**937**

Table 1: Gender and Age Distribution of the Participants by Province

Province	Men		Women		Total
	Syrian	Non-Syrian Asylum Seekers	Syrian	Non-Syrian Asylum Seekers	
Adana	32	21	15	40	**108**
Ankara	25	20	13	40	**98**
Gaziantep	67	1	49	27	**144**
İstanbul	126	8	75	8	**217**
İzmir	53	8	46	14	**121**
Konya	23	15	16	24	**78**
Samsun	1	18	2	54	**75**
Şanlıurfa	48	3	43	2	**96**
Total	**375**	**94**	**259**	**209**	**937**

Table 2: Nationality Distribution of the Participants by Province

Participants of the survey are aged between 18 and 75; their average age is 46.5. In terms of their age group distribution, 37% of the participants are aged 18-33, 48% are aged 34-49, and 15% are aged above 50. 50% of the participants are men, and 50% are women. A majority of 68% of the participants are Syrian (Figure 1). Whereas, their gender distribution by nationality is given in Figure 2.

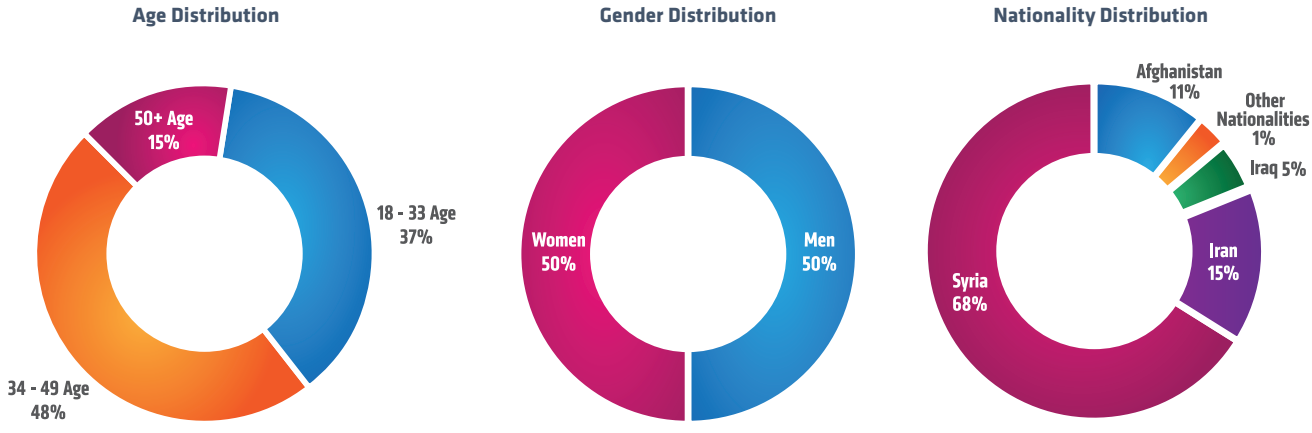

Figure 1: Distribution of the Participants by Age, Gender and Nationality

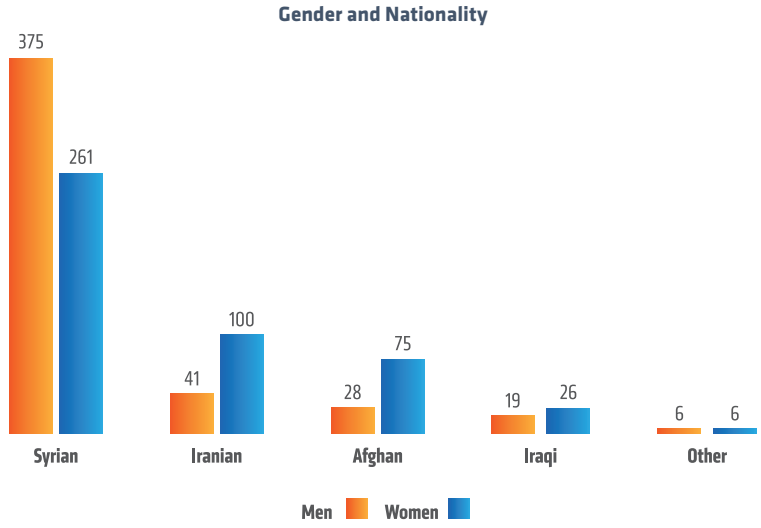

Figure 2: Gender and Nationality Distribution of the Participants by Country of Origin

While 76% of the participants have expressed the city center as the place they lived in longest throughout their lifetime before coming to Türkiye, 23% have indicated living in villages and the remaining 1% in the other regions of the city (Figure 3). The majority of the participants constituting 40% have been in Türkiye for a period ranging from 4 to 9 years (Figure 4).

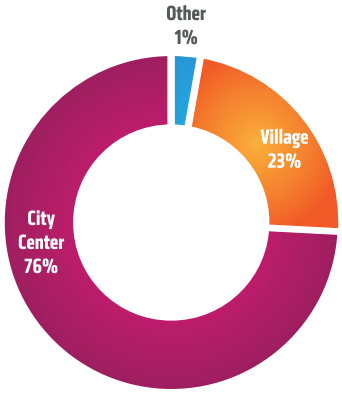

Figure 3:
Participants' Place of Settlement before Coming to Türkiye

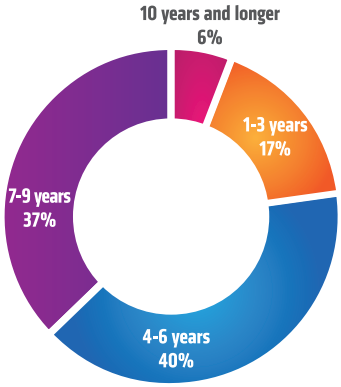

Figure 4:
Participants' Duration of Stay in Türkiye

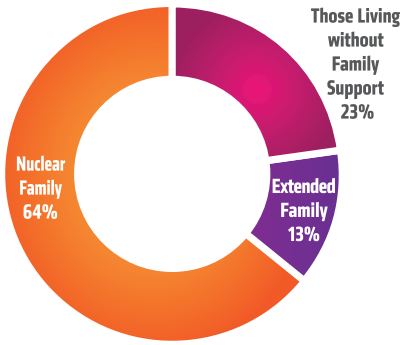

Figure 5:
Structure of the Family with whom the Participants are staying

64% of the participants have indicated that they share their living space with their nuclear family, 13% with their extended family (mother and father, family elders, family member other than spouse, etc.), 11% with only their children, 5% alone, and the remaining 6% either alone or with other persons (Figure 5).

When asked about their educational background, 12% of the participants have indicated that they are not literate, 9% are literate, 32% are primary school, 19% are high school, 18% are middle school, and 10% are university and college graduates (Figure 6). When comparing their socio-economic statuses in their host countries, 30% have been found to be in the low, 59% in the medium and 11% in the high status categories (Figure 7).

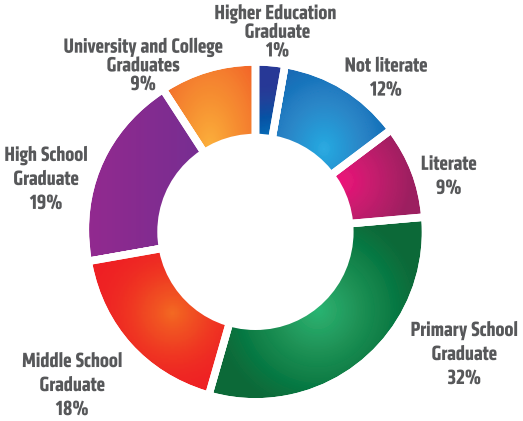

Figure 6: Education Level of the Participants

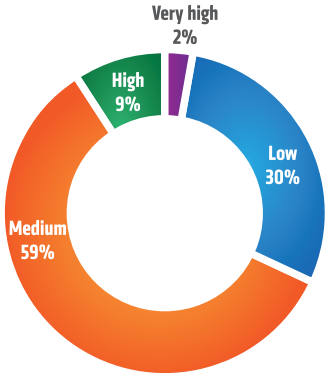

Figure 7: Socio-Economic Status of the Participants in their Country of Origin

When comparing the participants' knowledge of the Turkish language, it has been identified that 66.70% do not know Turkish, while a group corresponding to a small proportion of 3.86% have a good command of the Turkish language (Table 3).

Turkish Language Level of the Participants	Percentage
Does Not Know Turkish	66,70%
Beginner Level	13,99%
Level is Unknown	9,08%
Intermediate Level	6,26%
Advanced Level	3,86%
Fluently	0,10%

Table 3: Turkish Language Level of the Participants

Employment Status of the Participants in their Country of Origin	Men	Women	Total
Used to be employed	44%	16%	60%
Used to be unemployed	6%	34%	40%
Total	51%	49%	100%

Table 4: Employment Status of the Participants in their Country of Origin

60% of the participants have expressed that they were employed before coming to Türkiye, while the remaining 40% have expressed being unemployed (Table 4). When examining the occupational distribution of persons employed in their country of origin, it is seen that they have mostly worked as workers in the manufacturing and textile sectors. In terms of the fields of profession, carpentry, furniture and design, and tailoring come to the forefront. However, their employment status has changed after coming to Türkiye. 71.5% of the participants have expressed being unemployed after coming to Türkiye (Table 5). Household production has also increased after coming to Türkiye.

Occupation of the Participants in their Country of Origin	Percentage	Occupation of the Participants in Türkiye	Percentage
Unemployed	41,1%	Unemployed	71,5%
Manufacturing Sector	14,1%	Manufacturing Sector	13,8%
Textile Sector	9,0%	Textile Sector	6,3%
Student	7,3%	Household Production	2,4%
Trade Sector	4,7%	Student	1,3%
Service Sector	3,4%	Service Sector	1,2%
Public Sector	3,3%	Construction Sector	1,0%
Education Sector	3,2%	Food Sector	0,8%
Construction Sector	2,7%	Education Sector	0,5%
Agriculture Sector	2,2%	Agriculture Sector	0,4%
Transportation and Shipping Sector	2,0%	Trade Sector	0,4%
Health Sector	1,8%	Retired	0,1%
Members of Profession	1,8%	Public Sector	0,1%
Household Production	1,7%	Health Sector	0,1%
Food Sector	1,5%	Transportation and Shipping Sector	0,1%
Retired	0,3%		

Table 5: Occupation of the Participants in their Country of Origin and in Türkiye

Changes in specific needs may cause changes in the requests for services offered in the field of mental health. In the categorization of specific needs, the guidance of UNHCR has been taken as the basis. According to this guidance, "specific legal and physical protection needs" define persons exposed to threats to life, freedom or physical safety, while "serious medical condition" defines persons with mental and/or physical medical conditions that require assistance in terms of treatment or provision of nutritional and non-food items. On the other hand, "disability" defines physical, mental, intellectual or sensory impairments from birth or emerging afterwards, which may hinder full and effective participation in society. "SGBV" encompasses all situations in country of origin, country of asylum or during flight, and involves acts of violence that result in physical, sexual or psychological harm or suffering to persons in public or private life on the basis of their sex or gender. "Parent or caregiver with specific needs" defines persons of 18 years or above with dependents, including older persons, siblings, biological or non-biological children, or grandchildren[*]. The vulnerabilities of the participants are given in the table below (Table 6). The highest vulnerabilities can be listed as, "specific legal and physical protection needs" (33.70%), "serious medical conditions" (29.13%), "SGBV" (10.77%), and "disability" (10.45%). **Taking into account that the participants have numerous vulnerabilities, the utmost care has been shown throughout the study to refrain from creating a situation that would trigger their traumas and to forming a professional framework suitable to the risk groups.**

* (https://cms.emergency.unhcr.org/documents/11982/43248/Guidance+on+the+Use+of+Standardized+Specific+Needs+Codes+%28English%29/87b1febb-6331-4727-b196-d62d56a02adb)

VULNERABILITIES OF THE PARTICIPANTS	WOMEN	MEN	TOTAL
	55,66%	44,34%	100,00%
Specific legal and physical protection needs	16,69%	16,87%	33,70%
Serious medical condition	13,45%	15,63%	29,13%
Sexual and gender-based violence (SGBV)	9,62%	1,06%	10,77%
Disability	2,40%	8,04%	10,45%
Parent or caregiver with specific needs	5,73%	0,42%	6,15%
Woman at risk	5,83%	0,00%	5,83%

Table 6: Vulnerabilities of the Participants

4.2. FOCUS GROUP DISCUSSIONS AND IN-DEPTH INTERVIEWS

Persons participating in the focus group discussions and in-depth interviews have been chosen from among beneficiaries volunteering to take part in the study, by taking into account the specific needs codes, gender and nationality distribution in the provinces where the discussions and interviews have been held. The collected data in the focus group discussions and in-depth interviews have been reached through the convenience sampling method, which could easily be found. Upon the completion of the focus group discussions and in-depth interviews, the interview notes have been written down in Turkish by the interpreters. The analysis of these written down data has been performed using the coding method. This method involves reading the entire text twice and emphasizing the parts related to the research objectives and questions by underlining them. Afterwards, these emphasized parts are grouped together with the other sections of the text that are similar in meaning. By labeling these groups, the themes that constitute the main results of the research are obtained. The themes emerging in this study have been presented as findings by drawing a relationship with ASAM's experience in the field and the survey results of the study.

4.2.1. Focus Group Discussions

After identifying the main problems, needs and requests in the field through the survey conducted, focus group discussions have been held by psychologists with groups of a minimum of 6 and a maximum of 8 individuals in 8 project provinces (Adana, Ankara, Gaziantep, Istanbul, İzmir, Konya, Samsun ve Şanlıurfa). Ankara is the only province where FGDs have been held with children. In addition to the psychologists guiding the group, an interpreter proficient in the asylum seekers' language and a note taker have also been present in the discussions. Each discussion has lasted approximately 2 hours. Focus group discussion guides have been formed for the moderators consisting of psychologists. These guides have referred to the purpose of the activity, group rules and the principle of confidentiality, provided information regarding the carrying out of the discussions, and included reminders on the questions to be posed to the participants and their possible answers.

The focus group discussions have been held with 61 persons consisting of 53 adults (37 Women, 16 Men) and 8 children (4 Girls, 4 Boys). Attention has been paid to making a relatively balanced distribution among groups of different ages, gender and nationality while identifying the participants of the FGDs with adults. The equal distribution of those who did and did not participate in an activity held previously at ASAM offices, and those who did and did not receive psychosocial support (PSD) from these offices have also been taken into consideration in these groups. Furthermore, it has been made sure that only one person from the same family is included in the study, ensuring diversity by avoiding information being received from asylum seekers based on a single source and similar sources. Regarding FGDs carried out with the participation of children aged between 9 and 11, children who received service from ASAM offices have been chosen, aiming to make it easier to establish a bond of trust with the children and thus, for the children to be able to express themselves much more comfortably in the study.

The group dynamics of the FGDs are given in Table 7 (In the mixed groups, women and men participate together).

PROVINCE	FGD PARTICIPANTS	NUMBER OF PARTICIPANTS	GENDER
ADANA	Arabic and Mixed Group	6	3 Women, 3 Men
ANKARA	Adults, Farsi and Mixed Group	6	4 Women, 2 Men
ANKARA	Children, Arabic and Mixed Group	8	4 Girls, 4 Boys
GAZİANTEP	Arabic and Mixed Group	8	4 Women, 4 Men
İSTANBUL	Arabic and Mixed Group	6	3 Women, 3 Men
İZMİR	Farsi and Women-Only Group	6	6 Women
KONYA	Farsi and Women-Only Group	7	7 Women
SAMSUN	Arabic and Mixed Group	8	4 Women, 4 Men
ŞANLIURFA	Arabic and Women-Only Group	6	6 Women

Table 7: Distribution of FGD Participants

Taking into account the impact of the asylum seekers' own culture on their daily lives in the provinces where the study is held, only groups consisting of women have been included in the provinces, for which it was assumed that it would be difficult for the participants to express themselves in mixed groups and sharing would be minimal as they would act with the instinct of concealing their views. Persons participating in the FGDs have been provided with transportation fee assistance to ASAM office, hygiene sets and food packets. For the children to be included in the FGDs, verbal approval has been received from their parents/caregivers in advance.

4.2.1.1. Focus Group Discussions Held with Adults

The aim of the focus group discussions held with adults is to understand the participants' awareness concerning mental health, the barriers to receiving psychological support, and the steps to follow to overcome these barriers. In this regard, the discussions have started off with images related to the concept of "mental health", followed by in-depth questions to narrow the scope, and the questions have been prepared in this manner.

Through the focus group discussions with adults, it has been aimed to:

1. Identify what the concept of mental health means for asylum seekers,

2. Assess the reactions given after incidences like loss, mourning, migration etc.,

3. Identify the strategies for coping with problems and the barriers to receiving support,

4. Convey the possible benefits of receiving psychological support,

5. Identify how prejudices within the community could be changed and the ways of managing accurate information channels, and the questions have been prepared in this scope.

4.2.1.2. Focus Group Discussions Held with Children

While explaining the purpose of this activity, it has been considered that it would be effective to explain to the children that "mental health and physical health cannot be considered separately from one another and the primary objective is to learn about their opinions on this issue".

It has been planned to try identifying what the concept of "Mental Health" means in the children's world by encouraging them to visually/verbally (by drawing, writing or conveying through oral statements) express what this concept evokes.

In order to determine the children's attitudes against challenging life experiences, the exemplary life of a fictional character called Zencefil has been told, and it has been intended to discover the children's coping strategies by asking what this character, who is faced with compelling emotions/conditions, can do to cope with them. The main purpose

for creating a character and learning about the children's views through that character is to prevent the possibility of children giving direct information about their own feelings, opinions and lives and to ensure that they express themselves more comfortably.

Facilitative questions have been prepared to make it easier for the children to participate. Following their responses, questions have been asked about "the professionals who can lend support in case coping strategies remain inadequate".

Through the focus group discussions with children, the primary aim has been to:

1. Identify what the concept of mental health means for asylum seeker children,

2. Discuss the reactions given after challenging incidences/experiences and the differences in these reactions,

3. Identify children's coping strategies with problems,

4. Identify views on receiving professional help when coping strategies remain inadequate and the barriers to receiving such help,

5. Determine the effective methods to be used by children for obtaining information on this issue, and the questions have been prepared in this scope.

4.2.2. In-Depth Interviews

4.2.2.1. In-Depth Interviews with Asylum Seekers

40 persons (5 asylum seekers from each province with a total of 21 Women and 19 Men), including 15 Farsi-speaking asylum seekers from Ankara, İzmir, and Konya, and 25 Arabic-speaking asylum seekers from the other Project provinces of Adana, Gaziantep, Istanbul, Samsun, and Şanlıurfa, have been reached and "semi-structured" in-depth interviews have been held. Just as in the focus group discussions, a relatively balanced distribution has been made among groups of different ages, gender and nationality. While choosing the participants for the in-depth interviews, attention has also been paid to mostly including persons who previously received psychological and psychosocial support services from ASAM offices. This way, it has been aimed for the participants to somewhat be familiar with the psychological support process before the interview, and to include persons in the interview who could offer their opinions, views and observations with regard to the information wanting to be obtained. Also, in order to ensure that different views were obtained, beneficiaries who participated in the FGDs have not been included in the interviews. These interviews have been conducted face-to-face by psychologists who assumed the role of moderator in the focus group discussions. The interviews have lasted approximately 1 hour and have been conducted with the participants on separate days.

Through the in-depth interview questions, it has been aimed to understand the concept that comes to the mind of the participants concerning mental health problems and their views, which the participants described themselves based on this concept, on the prevalence of these problems within the community. The interviews consist of questions that have not been addressed during the survey and focus group discussions, but which intend to gain information about the individual's personal experiences. In addition, a facilitative guide that includes questions and reminders has been prepared in each interview for the psychologist conducting the interview.

The interview has been conducted, respectively, with the introduction of the interviewer and participants, declaration of the interview's purpose and the principle of confidentiality, asking the participants about the definition of mental health problems based on their own statements, and asking their observations on the prevalence of these problems within the community, starting from themselves and those around them. Afterwards, the intention has been to receive their opinions on receiving support for these problems. Since the opportunity to discuss the concepts related to mental health problems, available support mechanisms and the obstacles faced in accessing them was obtained during the last stage of the in-depth interview, the focus, in line with the Project's objective of raising awareness in the area of mental health, has been on the kinds of information the asylum seekers require with regard to this issue and through which means they prefer to access this required information.

Through the in-depth interviews held with the asylum seekers, questions have been prepared that aim to:

1. Identify what mental health problems mean for the asylum seekers,

2. Determine the prevalence of mental health problems within the community,

3. Gain information on whether they previously had access to the support mechanisms, on the source of the problems in accessing these mechanisms if such problems have been experienced, and the positive or negative impacts created by their experience if no problems have emerged with regard to accessing these mechanisms,

4. Identify the kinds of information the asylum seekers require in line with the objective of raising awareness in the area of mental health, and through which means they prefer to access this information.

4.2.2.2. In-Depth Interviews with Professionals in the Field of MHPSS

The in-depth interviews with MHPSS professionals have been held with persons from ministries, international non-governmental organizations, associations and universities specialized in the field of MHPSS with comprehensive knowledge of the issue of migration. These interviews have been conducted through online platforms with 9 professionals residing in Ankara and Istanbul by the psychologists responsible for carrying out the Project.

As a result of the interviews, it has been aimed to receive the views and suggestions of professionals concerning the field, draw attention to the possible gaps in the field, and identify the actions required in the following periods.

Although common questions were prepared to be directed to these professionals, the questions to be asked have differed according to the person interviewed. The interview length has been planned to last between 60 to 90 minutes. The questions asked during the interview have been prepared in an open-ended format. The aim here has been for the mental health professionals to explain their views in detail without directing them in any manner.

The areas intended to be measured with the questions that have been prepared are as follows:

Questions Concerning the Source of the Problem: The questions in this section aim to understand the mental health problems experienced by the asylum seekers in Türkiye from the eyes of mental health professionals, and to obtain information about the MHPSS works conducted concerning these problems. The questions asked in this regard have intended to provide information about the following issues:

- Adequacy of the MHPSS works conducted in the field
- Accessibility of these works by asylum seekers
- Ways of improving MHPSS works
- Methods of providing service in the field of MHPSS
- Essential principles to be considered when providing service in this field
- Significant inadequacies observed in the field of MHPSS
- Ways of conveying the importance of mental health to asylum seeker groups of different socio-economic levels

Questions Concerning Vulnerable Groups: This section includes specialized questions for mental health professionals concerning the vulnerable groups among asylum seekers.

- Since these groups are more likely to be affected by crises to a greater extent, these questions aim to obtain views about what could be done in the field of MHPSS to strengthen these groups, and
- Proposed solutions about what could be done by public institutions, international and local NGOs, different disciplines, and asylum seeker committees.

Questions Concerning the Impact of the Pandemic Period on Mental Health: The questions in this section aim to obtain information about the increasing needs, as the Covid-19 period carried the problems related to MHPSS to a crisis level. It has been expected the mental health professionals to comment on the following issues:

- Available services
- Access to services

- Changes in the healthcare services provided on a regular basis
- Accessing clear information/information pollution
- Loss of jobs
- Concerns about the health of family members
- Education problems of children

4.3. LIMITATIONS OF THE STUDY

There are certain limitations in the works carried out under the needs assessment. The difficulties caused by the Covid-19 pandemic have affected the study, especially during the first phase of the work that involves the collection of survey data. Since the survey was unable to be held face-to-face, its completion has taken longer than planned. On the other hand, the majority of the persons reached through the survey are adults aged 25-59. Since this group is in the labor force, the working hour timeframe of persons conducting the survey and the persons contacted for the survey has been the same and thus, it has been difficult to find a suitable time for the survey. Another limitation is the difficulty in carrying out the survey over the phone for several of the participants who had heard about the concept of mental health for the first time. Due to the nature of the phone call, certain conditions, such as background noises and interruptions in the call, have also made it difficult to obtain information. It has also been very challenging to receive information from persons aged above 65 regarding the issue since those persons had never contemplated the concept of mental health before. It has become necessary to contact them by phone and repeatedly explain the purpose of the survey (reason for asking the questions in the survey). It has been observed that receiving information from this age group over the phone is not an effective and reliable method of communication.

In order to minimize these problems and to provide information and receive the opinions of persons who have heard of the expression of mental health for the first time in particular, those conducting the survey have received training on mental health and the information that the questions in the survey aim to measure. Similarly, persons who can speak the language of the asylum seekers and have experience in conducting surveys and managing focus group discussions have been included – if possible – in order to overcome the difficulties emerging due to the nature of surveys and focus group discussions.

When working in the area of migration, there is always the risk that expressions used by asylum seeker communities in a field like mental health do not correspond with expressions used in the host country. Likewise, ensuring communication between the asylum seekers and the psychologists (moderators) during the focus group discussions and in-depth interviews bilingually through interpreters may have also created limitations in the study by causing a loss of meaning and incorrect conveyance during interpretation and transition between languages.

5. FINDINGS

Qualitative and quantitative analysis methods have been used throughout the research. In the following section, the quantitative analysis results obtained from the surveys will first be assessed, then the themes discovered as a result of the qualitative interviews will be provided. It has been observed that the results obtained during quantitative analysis have been supported and improved by qualitative analysis.

5.1. QUANTITATIVE ANALYSIS RESULTS

5.1.1. Descriptive Analysis Results

When considering the answers given to the question of, *"Which of the following could be experienced in case of impairment of mental health?"* that was asked to the asylum seekers in the survey, it has been found that the first four of the five most common answers given refer to **social difficulties.** The fifth most commonly provided answer is "sleeping problems" as one of the **physical difficulties** (Figure 8). Under the same question, the least frequently experienced five conditions refer to **cognitive difficulties,** such as feeling they would be harmed, not caring, and thinking of having gone insane (Figure 9). However, despite being the least frequently experienced conditions, when considering their percentage, it is seen that more than half of the participants think these difficulties could be experienced.

When starting to experience mental health problems, the participants think that the effects of these problems first emerge in their daily lives and may lead to disruptions in their daily routines and social relationships. **This shows that the participants are quite highly aware that when mental health is impaired, this condition appears as a disruption in the daily lives of individuals**. Furthermore, although "thinking of having gone insane", which is a preconception in the field of mental health, is considered to be least frequently experienced, it is seen that a large proportion of 47% of the participants has answered yes. **This finding shows that asylum seeker communities may conceptualize the mental health problems they experience as "insanity" and may need further information in this field**.

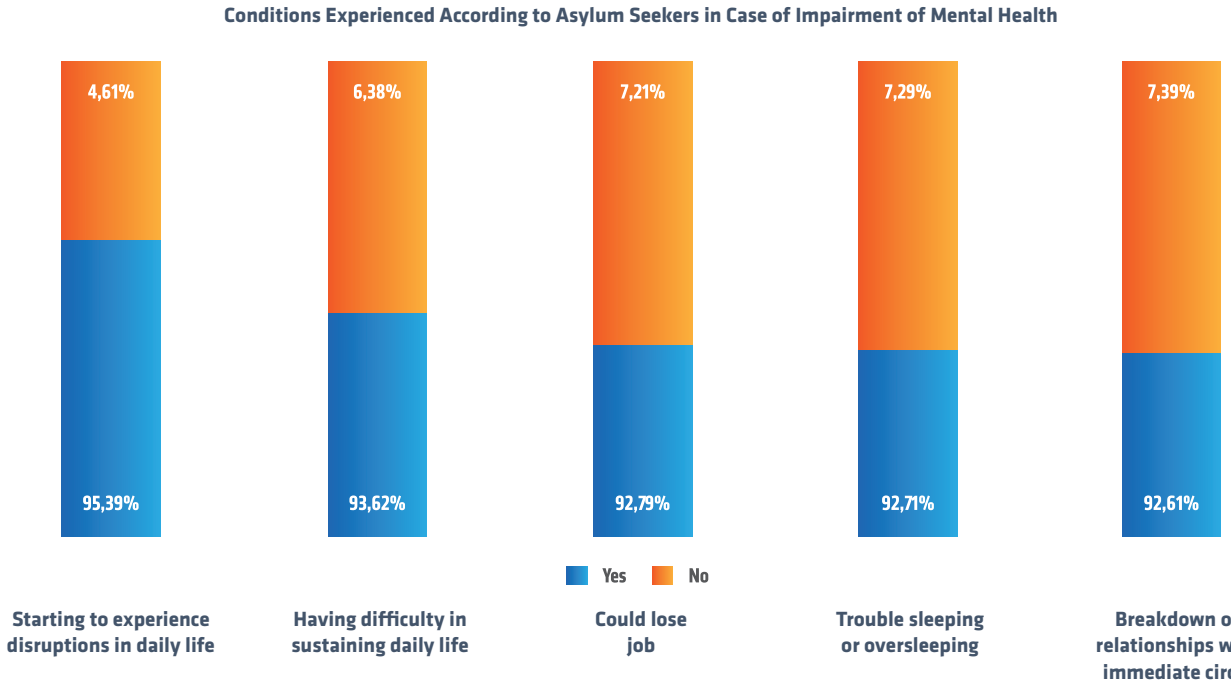

Figure 8: Most Frequently Experienced 5 Conditions According to Asylum Seekers in Case of Impairment of Mental Health

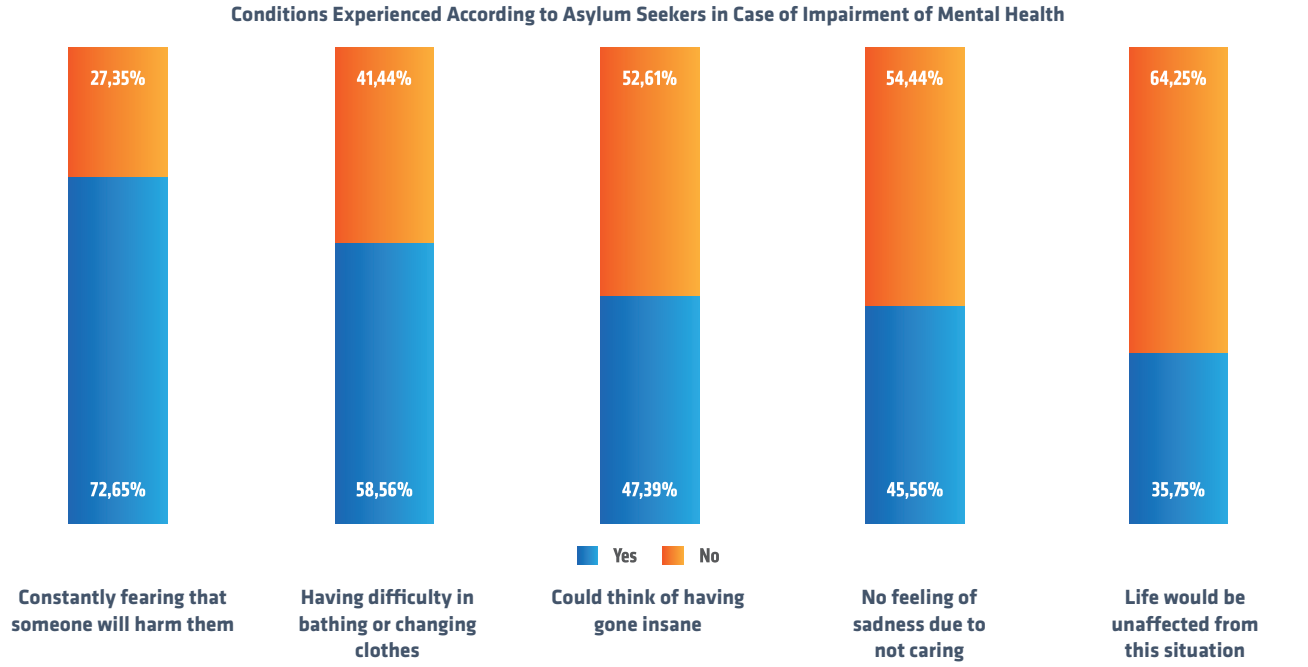

Figure 9: Least Frequently Experienced 5 Conditions According to Asylum Seekers in Case of Impairment of Mental Health

Considering the answers given by the asylum seekers to the question of, *"People may use different strategies when they experience these kinds of problems. Could you specify how often you do the things I have listed?"*, it has been found that the four most commonly provided answers relate to **functional coping strategies**, and that only the fifth answer has been to "wait for it to go away on its own", which is one of the **dysfunctional coping strategies** (Figure 10). Regarding the same question, it is seen that the least used strategies are the use of alcohol or another substance, consulting religious figures, eating more and sleeping. In addition, receiving professional help when suffering from mental health problems is among the least preferred strategies (Figure 11). **It has been found that the participants mostly prefer individual coping strategies or wait for the existing problems to go away on their own, and a large proportion of 45% do not prefer to receive help from a professional for the problems they experience. Therefore, it is of the opinion that providing awareness-raising information on what psychological support is, its scope and how this support can be accessed will be important in enabling the concerned group to receive help from a professional.**

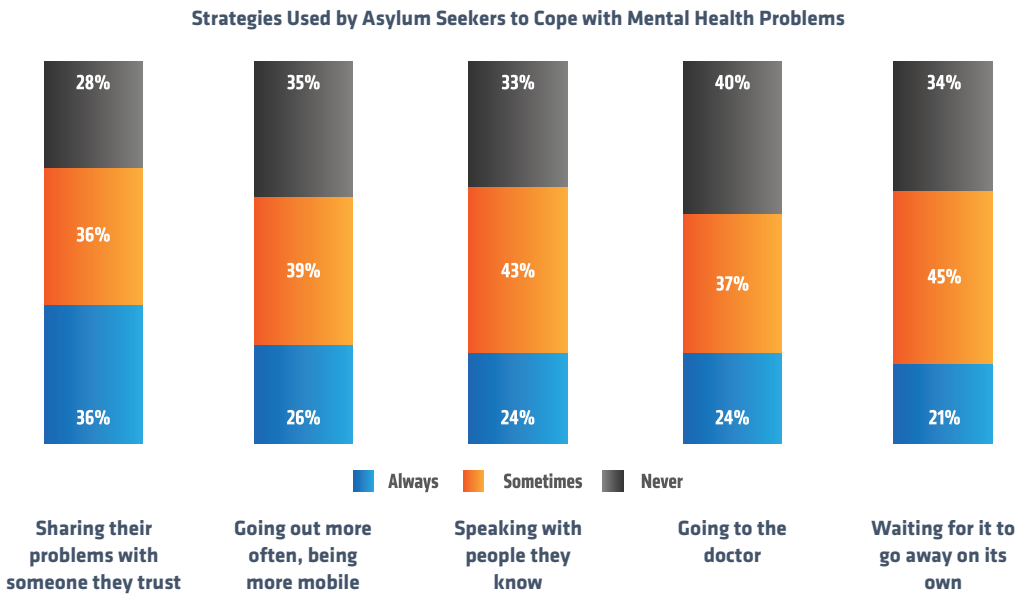

Figure 10: Most Frequently Used Strategies by Asylum Seekers to Cope with Mental Health Problems

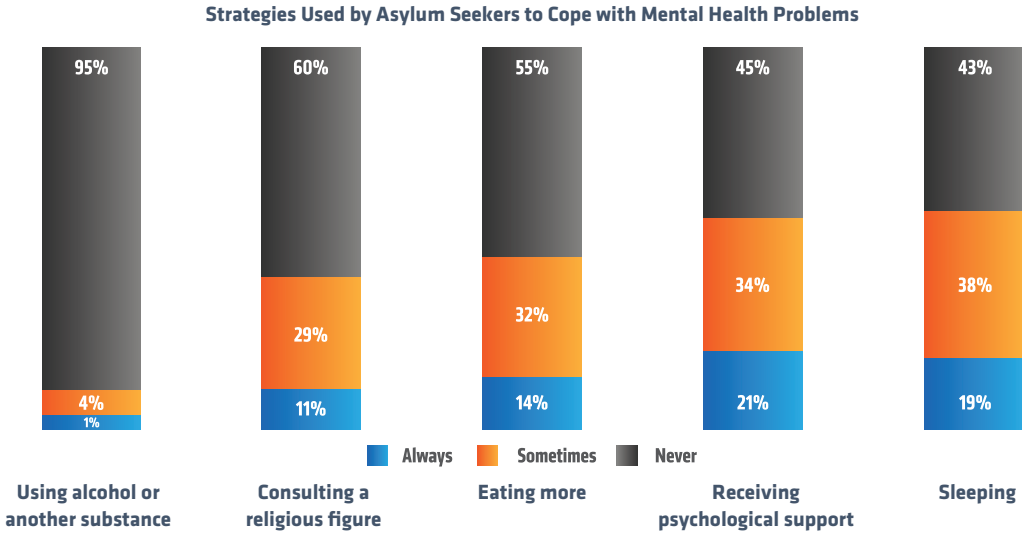

Figure 11: Least Frequently Used Strategies by Asylum Seekers to Cope with Mental Health Problems

As a result of the survey, it has been aimed to identify the misconceptions regarding mental health. Identifying misconceptions create the opportunity to provide suitable information to the asylum seekers in mental health services to be provided. In this regard, the 5 most common misconceptions are shown in Table 8. It is seen that a majority of 74% of the participants believe that mental health services require a certain fee and therefore, they would not be able to access these services even if they wanted to. Likewise, most of the participants have expressed that financial difficulties are the greatest cause of mental health impairment. **In light of all this information, it is considered that asylum seekers should be more informed about the mental health services offered free of charge, and it would be important to concurrently continue the works towards meeting basic needs while also providing mental health services.**

5 (MOST COMMON) MISCONCEPTIONS OF ASYLUM SEEKERS ABOUT MENTAL HEALTH
"Mental health services are too expensive; I won't be able to access them even if I want to." (74%)
"The greatest cause of mental health problems is financial difficulties." (46%)
"Persons with mental health problems must not get married; if they do, their children will experience the same problems." (40%)
"Mental health problems are only seen in adults." (40%)
"If my child constantly wants to be by my side because she/he is too afraid, this means she/he is spoiled." (28%)

Table 8: 5 Misconceptions of the Participants about Mental Health

It is seen that the main barriers to asylum seekers receiving support for their mental health problems are **stigmatization**, hesitation-embarrassment, fear and financial difficulties (Figure 12). However, when considered together with the answers given to the other questions in the survey, the most commonly provided answer of "I don't know" could be associated with **the person's lack of knowledge regarding what mental health services are.** It is presumed that the current perceptions could change by providing certain information to the asylum seeker group, such as that understanding the barriers to receiving support for mental health problems could improve the quality of the services offered. It has been found that stigmatization is one of the significant barriers to receiving service in terms of mental health problems. Stigmatization is defined as social status loss and discrimination that is triggered by negative opinions within the community related to specific factors, such as mental health problems. **It is considered that it would be important to ensure that awareness raising activities to be held in this regard do not only involve persons with unfavorable experiences related to mental health, and are planned on a public level.**

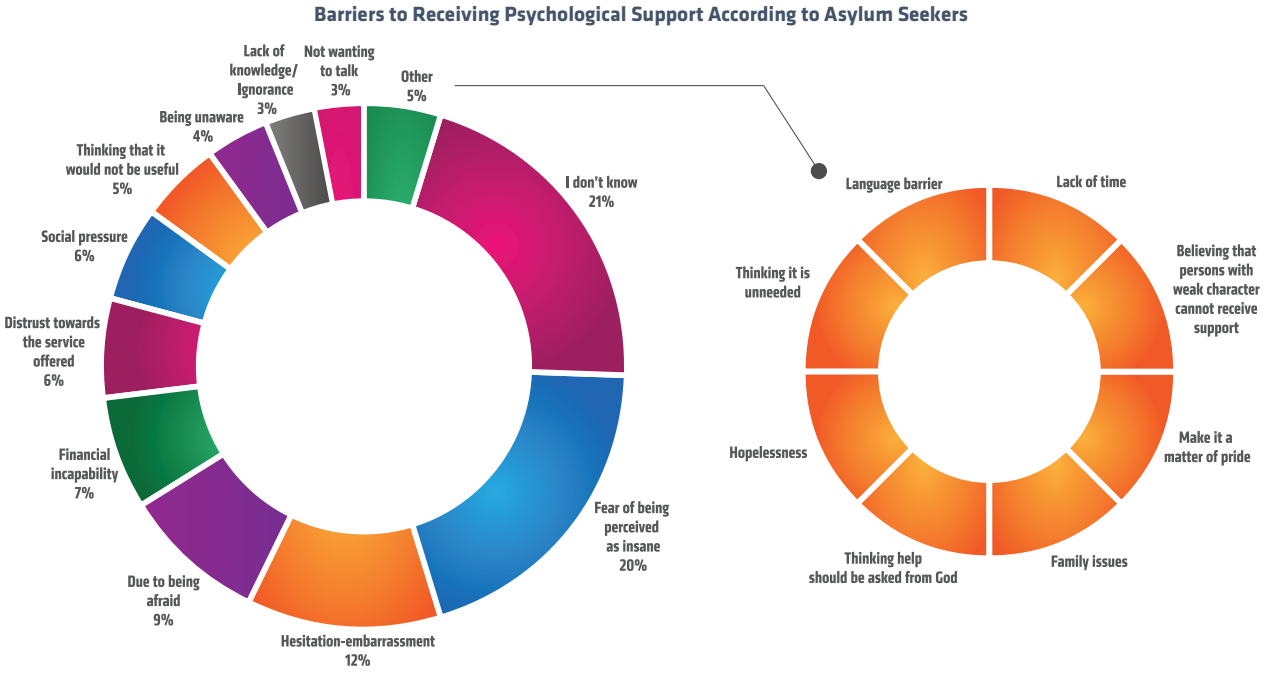

Figure 12: Barriers to Receiving Support for Mental Health Problems According to the Participants

In addition to these findings, it is seen that a majority of the participants (70%) **have not received any mental health service** up to today (Figure 13). This percentage is quite high. In terms of those having received mental health services, it is found that most of them have an individual experience. Considering these together with the other findings, it is presumed that individuals' perceptions of mental health could constitute a barrier in terms of accessing services. **When considering the reasons that pushed persons to seek asylum and the conditions in the country of asylum together, identifying the barriers to receiving service among the asylum seeker communities that consist of groups at risk in terms of mental health, could increase their access to the available services.**

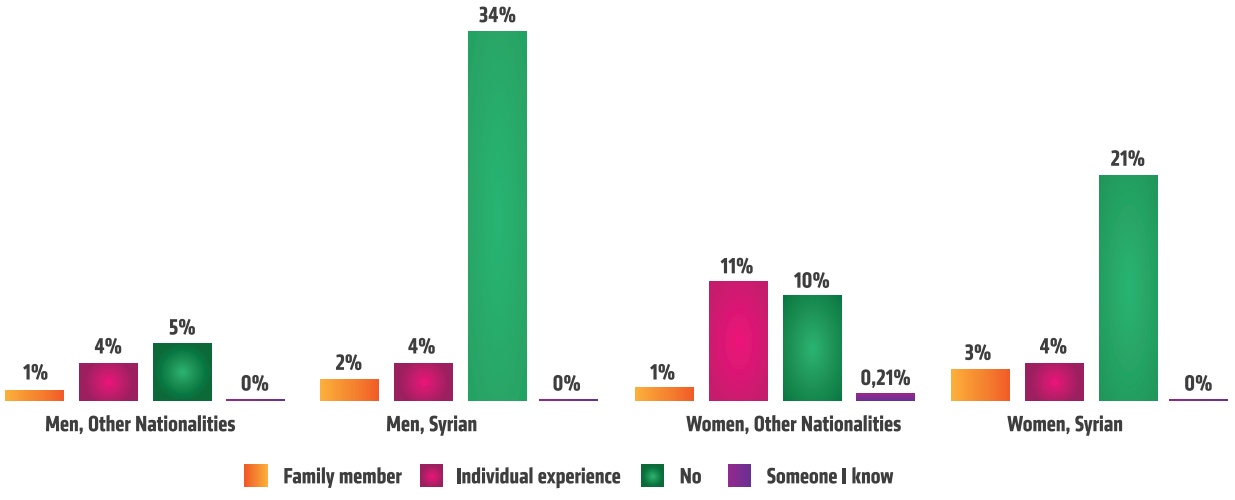

Figure 13: Distribution of the Participants on the Basis of Receiving Mental Health Service

Last of all, certain themes have been obtained through the analyses conducted for the purpose of examining the impact of the pandemic period on the asylum seekers' mental health and identifying the areas in which intervention is mostly required. **The participants have expressed these themes that impact mental health as fearing the transmission of the virus to themselves and loved ones, being under too much stress because of the pandemic, and finding it difficult to make plans about the future** (Figure 14). When considering these themes, it is of the opinion that the stress of asylum seeker communities combined with concerns for the future will constitute a risk factor in terms of mental health problems. With increasing uncertainties in all areas of life due to the pandemic conditions, it is likely that the overall level of anxiety of the asylum seekers, who already have concerns for the future, will further increase.

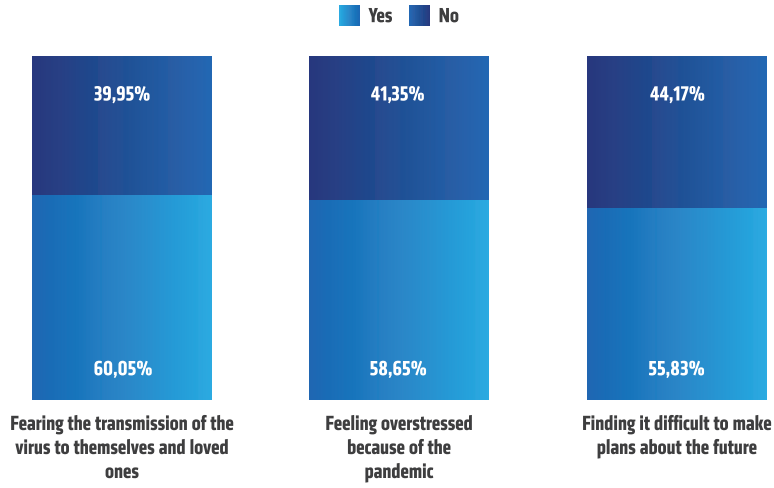

Figure 14: Areas in which Covid-19 has had the Greatest Impacts on the Mental Health of the Participants

5.1.2. Gap Analysis Results

5.1.2.1. Differences Based on the Gender of the Participants

The Mann-Whitney U Test has been conducted to examine whether awareness of difficulties caused by mental health problems varies according to gender. It has been found that there is a significant difference between Cognitive Difficulty Awareness Scores (P=.007), Social Difficulty Awareness Scores (P=.031), Emotional Difficulty Awareness Scores (P=.002), and Scores on Awareness of General Difficulties Caused by Mental Health Problems (P<.001). Based on this information, **it is seen that women's awareness of cognitive, social, emotional and general difficulties caused by mental health problems and their overall knowledge of mental health is greater than men's.** It is considered that women benefiting more from MHPSS services could be the reason for this difference. As a matter of fact, more women have conveyed, as a result of our study, that their family or someone they know has received mental health service.

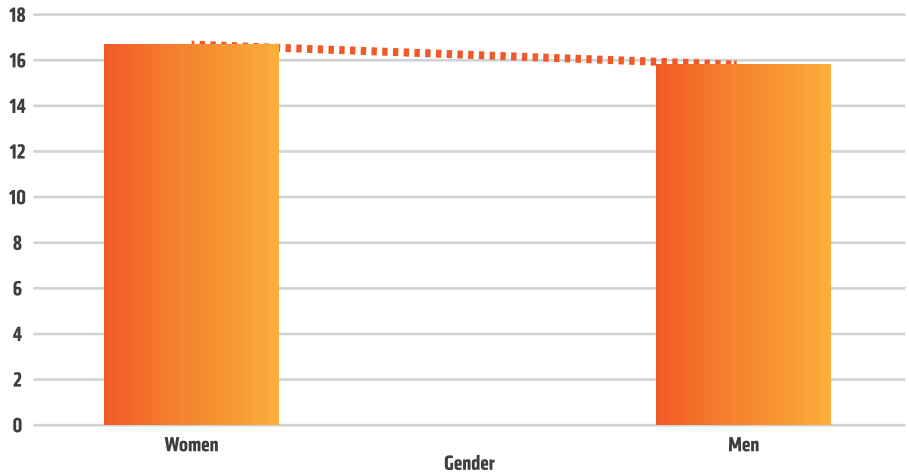

Figure 15: Scores on the Participants' Awareness of General Difficulties Caused by Mental Health Problems Based on Gender

5.1.2.2. Differences between Age Groups

A Spearman Correlation has been used to examine the relationship of age with the variables of awareness of difficulties caused by mental health problems, coping strategies and the impact of Covid-19 on mental health. A positively significant relationship between age and awareness of physical difficulty (P=.001), a negatively significant relationship between scores for dysfunctional coping strategies (P=.023), and a negatively significant relationship between scores for the impact of Covid-19 on mental health (P=.026) have been found.

It has been found that the asylum seekers use dysfunctional coping strategies less and the impact of Covid-19 on mental health diminishes with increasing age. Also, based on the results of the study, awareness of physical difficulty caused by mental health problems increases with age. In this situation, it is possible to deduce that as awareness increases with age, functional coping strategies are used more often. Moreover, persons experience more physical health problems in their lives as they get older. It is presumed that these persons could have greater awareness based on their own experiences. It is seen that dysfunctional coping strategies, such as waiting for it to go away, sleeping, eating more, and using alcohol and/or another substance, are used more often by younger age groups. In light of this information, it is of the opinion that it would be useful to specifically address these age groups in the awareness raising activities.

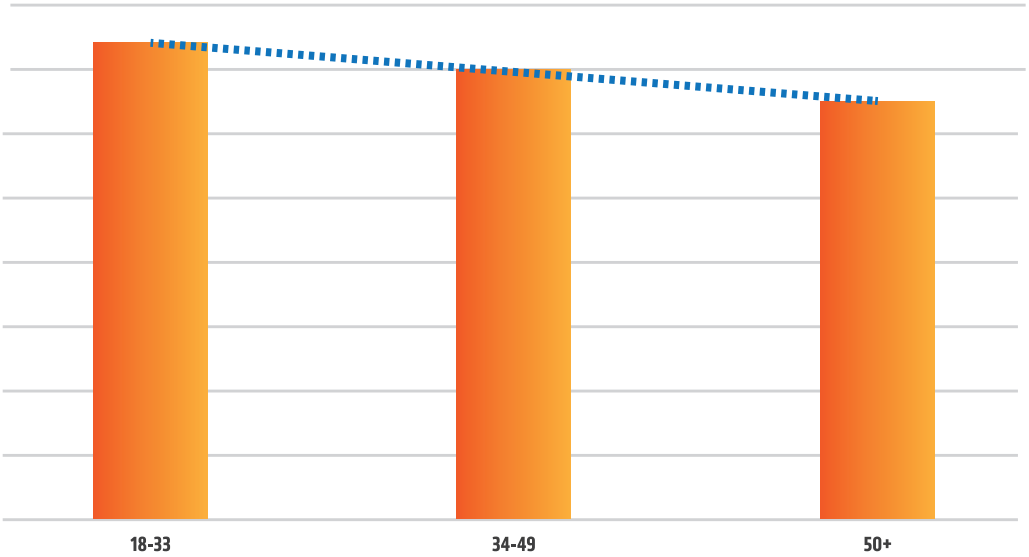

Figure 16: Scores for Dysfunctional Coping Strategies Based on the Age of the Participants

5.1.2.3. Differences Based on the Nationalities of the Participants

The Mann-Whitney U Test has been used to examine whether awareness of the difficulties caused by mental health problems, coping strategies, the impact of Covid-19 on mental health, and knowledge of mental health vary according to nationality (Syrian, other nationalities). The scores regarding non-Syrian asylum seekers for physical difficulty awareness (P=.001), cognitive difficulty awareness (P<.001), social difficulty awareness (P<.001), emotional difficulty awareness (P<.001), and awareness of general difficulties caused by mental health problems (P<.001) are significantly higher. The scores for the functional coping strategies of non-Syrian asylum seekers are significantly higher than the of Syrians (P=.035). The scores for the dysfunctional coping strategies of Syrian asylum seekers are significantly higher than non-Syrians (P=.010). The scores for knowledge of mental health of non-Syrian asylum seekers are significantly higher than Syrians (P<.001). The scores for the impact of Covid-19 on the mental health of Syrian asylum seekers are significantly higher than non-Syrians (P=.021).

Based on the results of the study, it has been found that non-Syrian asylum seekers have greater awareness of all of the difficulties caused by mental health problems, including physical, cognitive, social and emotional (Figure 17), and have greater accurate knowledge of mental health (Figure 18). Furthermore, it has been observed that the Syrian participants have been more negatively affected from the impact of Covid-19 on mental health. It is presumed that this has resulted from the use of dysfunctional coping strategies against problems by the Syrian participants. Non-Syrian participants having received more mental health services could be considered as the reason for the awareness of the difficulties caused by mental health problems being higher among this group (See Figure 13). The mental health service itself also leads to an increase in awareness and functional coping strategies.

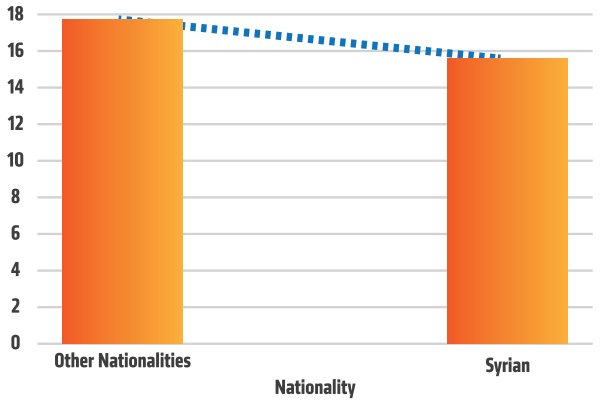

Figure 17: Scores for Awareness of Participants from Different Nationalities Regarding General Difficulties Caused by Mental Health Problems

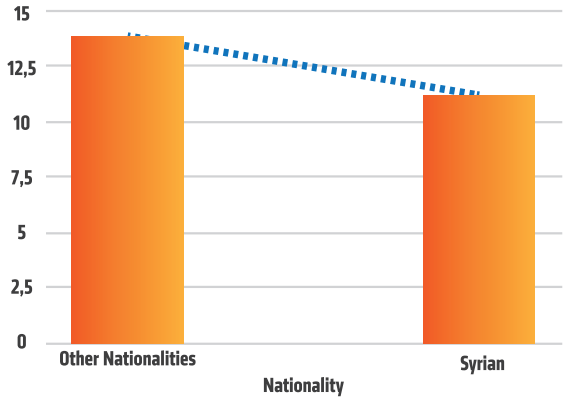

Figure 18: Scores for Mental Health Knowledge of Participants from Different Nationalities

5.1.2.4. Differences Based on the Duration of Stay of the Participants in Türkiye

A Spearman Correlation has been used to see the relationship of the duration of stay in Türkiye (on a yearly basis) with knowledge of mental health and awareness of difficulties caused by mental health problems. A negatively significant relationship has been found between the duration of stay in Türkiye and scores for emotional difficulty (P=.005), general difficulties caused by mental health problems (P=.012), and knowledge of mental health (P<.001).

It is seen that as the duration of stay in Türkiye increases, asylum seekers have less awareness of the general difficulties caused by mental health problems and have less knowledge of mental health. When interpreting the figures, mental health knowledge and awareness reaches a climax among those staying in Türkiye for 6 years, and then decrease. In this context, it is of the opinion that it would be important to organize the awareness raising activities as recurring sessions, rather than planning them as one-time sessions.

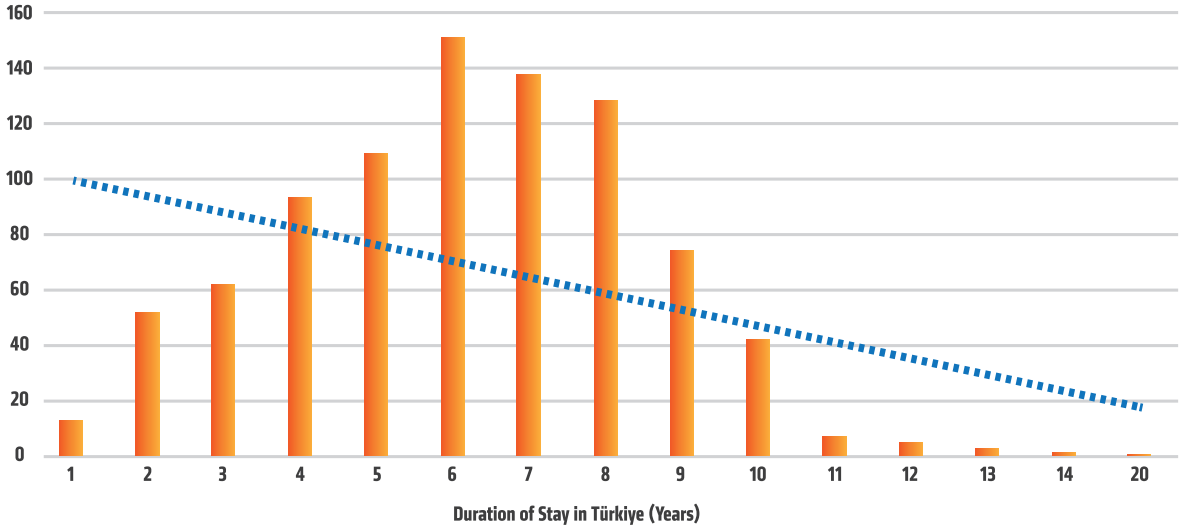

Figure 19: Scores for Awareness of the General Difficulties Caused by Mental Health Problems throughout the Duration of Stay of the Participants in Türkiye

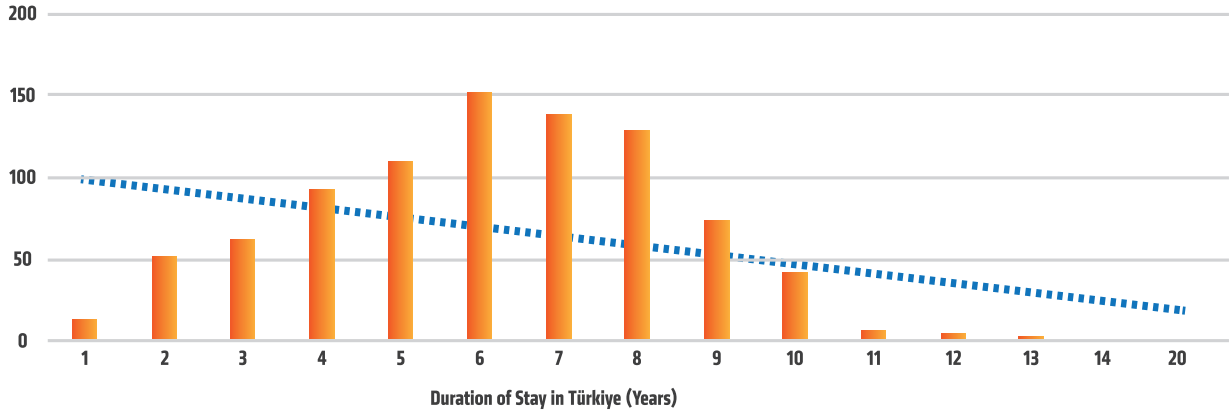

Figure 20: Scores for Mental Health Knowledge of the Participants throughout their Duration of Stay in Türkiye

5.1.2.5. Differences Based on the Economic Status of the Participants in their Country of Origin

A Spearman Correlation has been used to see the relationship of the economic status in the country of origin with coping strategies and the impact of Covid-19 on mental health. A positively significant relationship has been found between the economic status in the country of origin and scores for coping strategies (P=.001) and a negatively significant relationship has been found with scores for the impact of Covid-19 on mental health (P=.037).

It is seen that as the socio-economic level rises, asylum seekers use functional coping strategies more often and the impact of Covid-19 on their mental health decreases. It is considered that the socio-economic status in the country of origin is a protective factor in the development of functional coping strategies and in mental health. Likewise, it is presumed that an increase in the socio-economic status in the country of origin may increase persons' access to mental health services.

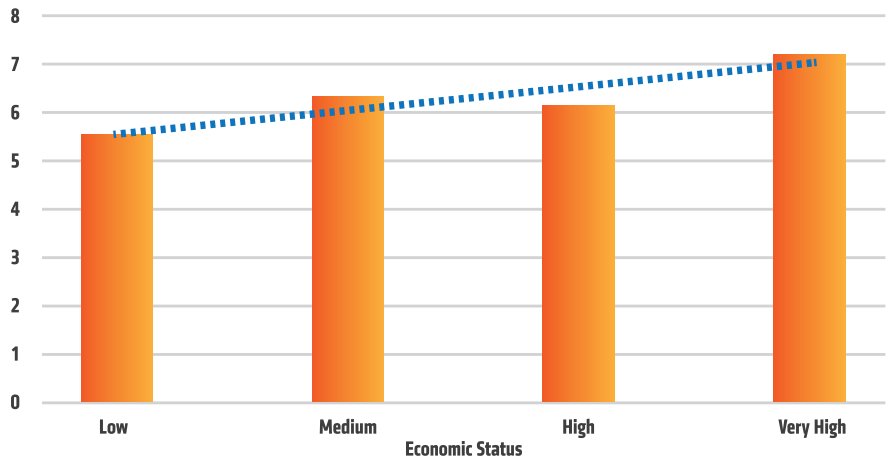

Figure 21: Scores for Functional Coping Strategies Based on the Economic Status of the Participants in Country of Origin

5.1.2.6. Differences Based on the Education Level of the Participants

A Spearman Correlation has been used to see the relationship of education level with knowledge of mental health, awareness of the difficulties caused by mental health problems, and the impact of Covid-19 on mental health. A negatively significant relationship between the education level and scores for awareness of cognitive difficulty (P=.026), a positively significant relationship with scores for awareness of social difficulty (P<.000), a positively significant relationship with scores for knowledge of mental health (P<.000), and a negatively significant relationship with scores for the impact of Covid-19 on mental (P<.000) have been found.

The results of the study show that as the education level of the asylum seekers rises, they have more accurate knowledge of mental health (Figure 22) and have increased awareness of the social difficulties, which is an indicator of mental health problems. In addition, Covid-19 has a lower impact on the mental health of the asylum seekers

who have higher levels of education compared to those with lower education levels (Figure 23). One interesting finding is that as education level rises, awareness of cognitive difficulty decreases. It is believed that this finding has emerged because the survey questions, intended to measure awareness of cognitive difficulty, included themes involving more severe cognitive symptoms experienced during the impairment of mental health. Therefore, when considering the answers given as "Yes-No", it is supposed that most of the participants with high levels of education may have answered "No" since they did not experience these symptoms (See Annex 1).

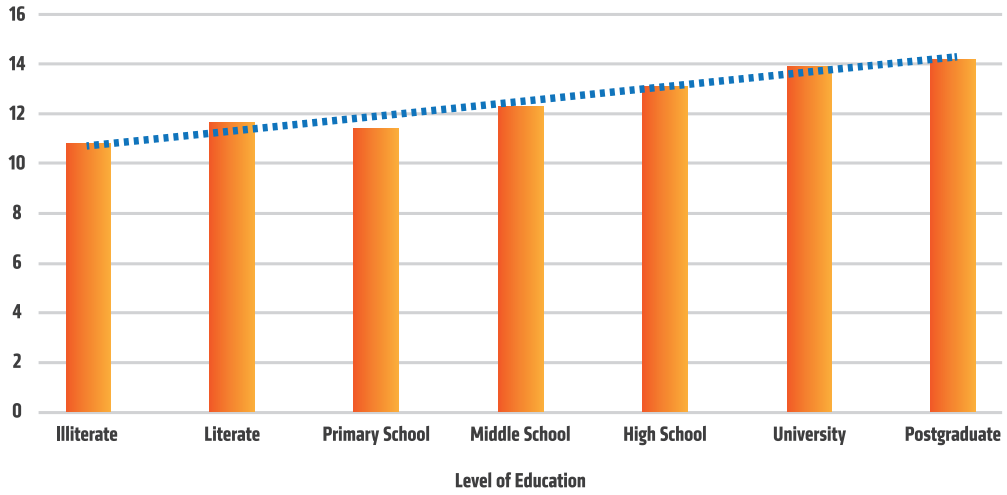

Figure 22: Scores for Mental Health Knowledge Based on the Education Level of the Participants

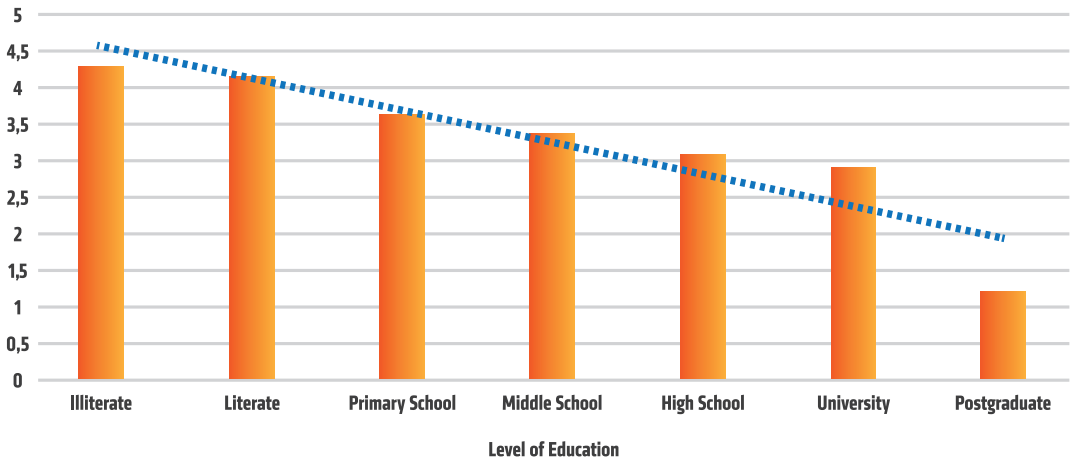

Figure 23: Scores for the Impact of Covid-19 on Mental Health Based on the Education Level of the Participants

5.1.2.7. Differences Based on Having or Not Having Received Mental Health Services by the Participants Themselves or Persons around Them

The Mann-Whitney U Test has been conducted to examine the effect of having or not having received mental health service by the participants themselves or by someone around them on awareness of the difficulties caused by mental health problems, coping strategies, and knowledge of mental health. . It has been found that there is a significant difference between scores for physical difficulty awareness (P=.048), cognitive difficulty awareness (P<.044), social difficulty awareness (P<.006), emotional difficulty awareness (P<.001), awareness of general difficulties caused by mental health problems (P<.001), functional coping strategies (P=.002), dysfunctional coping strategies (P=.042), and knowledge of mental health (P<.001).

Asylum seekers whom themselves or a relative have not received mental health services have less awareness regarding all categories of difficulty, including physical, cognitive, social and emotional. In parallel, they use

functional coping strategies less often and resort to dysfunctional coping strategies more. Based on these findings, it could be inferred that persons who have not received mental health services before have less accurate knowledge about mental health. Consequently, even if mental health service is accessed only once, there is still an increase in the knowledge of mental health. Therefore, it is important to strengthen the target group's network of access to mental health services. Receiving mental health services and awareness activities are two concepts that directly influence one another.

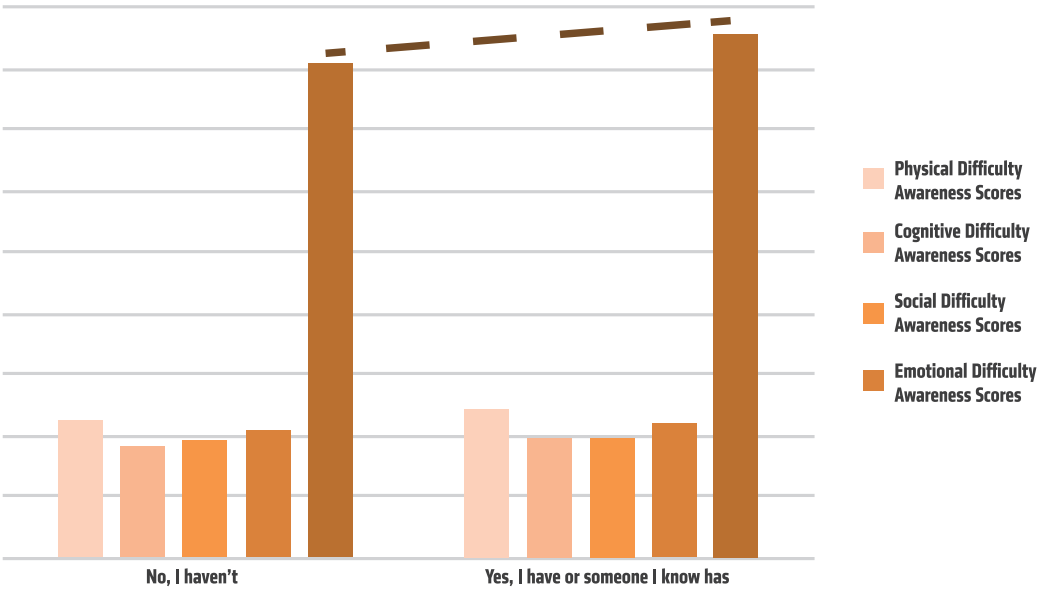

Figure 24: Impact on Awareness of Having Received Mental Health Service

5.1.2.8. Differences Based on the Communication Channels Used by the Participants

The relationship of the number of communication channels used with functional coping strategies and knowledge of mental health has been examined. **According to this information, as the number of communication channels used by the participants increase, functional coping strategies and knowledge of mental health increase.** Communication channels involve different tools used by asylum seekers, such as phones, tablets, and computers. It is considered that having more access to means of communication leads to greater knowledge in the field of mental health and consequently increases functional coping strategies. In addition, it is presumed that using the appropriate communication channels during awareness raising activities to be held by service providers in the field of mental health will contribute to accurate information being quickly accessed by the asylum seekers. In particular, access to smartphones is quite widespread among the asylum seeker population. It is supposed that it would be important to develop accessible mental health materials and services through smartphones.

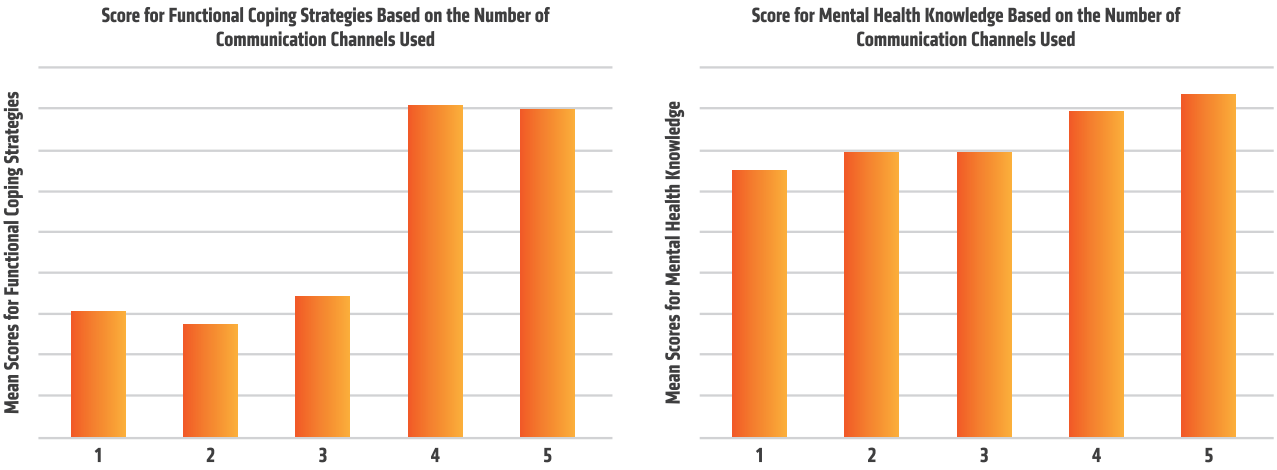

Figure 25: Impact of the Number of the Communication Channels Used on Survey Scores

5.2. QUALITATIVE ANALYSIS RESULTS

Through the focus group discussions and in-depth interviews conducted as part of the qualitative research, it has been aimed to broaden the scope of data obtained from qualitative analysis and to complete the lacking points through asylum seekers' sharing of experience. In this section, the results obtained from the focus group discussions will be presented through different themes under the subheadings of child and adult. Afterwards, the results obtained from the in-depth interviews with asylum seekers will be conveyed under different themes of vulnerability. Lastly, the themes obtained from the in-depth interviews held with professionals will be presented.

In all focus group discussions and in-depth interviews, attention has been paid to using a language that is appropriate to the vulnerabilities of the persons, and a semi-structured format has been planned, making sure not to cause any triggering factors. Right after the completion of the discussions and interviews, referrals in and outside the institution have been made for the asylum seekers requesting to access mental health services based on the level and symptoms of their mental health problems that have led them to request psychological support.

5.2.1. Results of the Child Focus Group Discussions

The findings obtained as a result of the FGDs with children show that children are able to comprehend that mental health and physical health are connected to each other. Rather than an abstract mental representation, this comprehension is based on themes where children describe their state of wellbeing based on their bodies and physical health. Choosing elements that depict and evoke the concept of "mental health" from objects that recall something on a physical perception level, such as a tree, car, garden, cloud, flower, child, house (building), sun, cat, cat house, butterfly, bird, and road, indicate that complementary thematic integrity exists between the physical and mental wellbeing of the child participants.

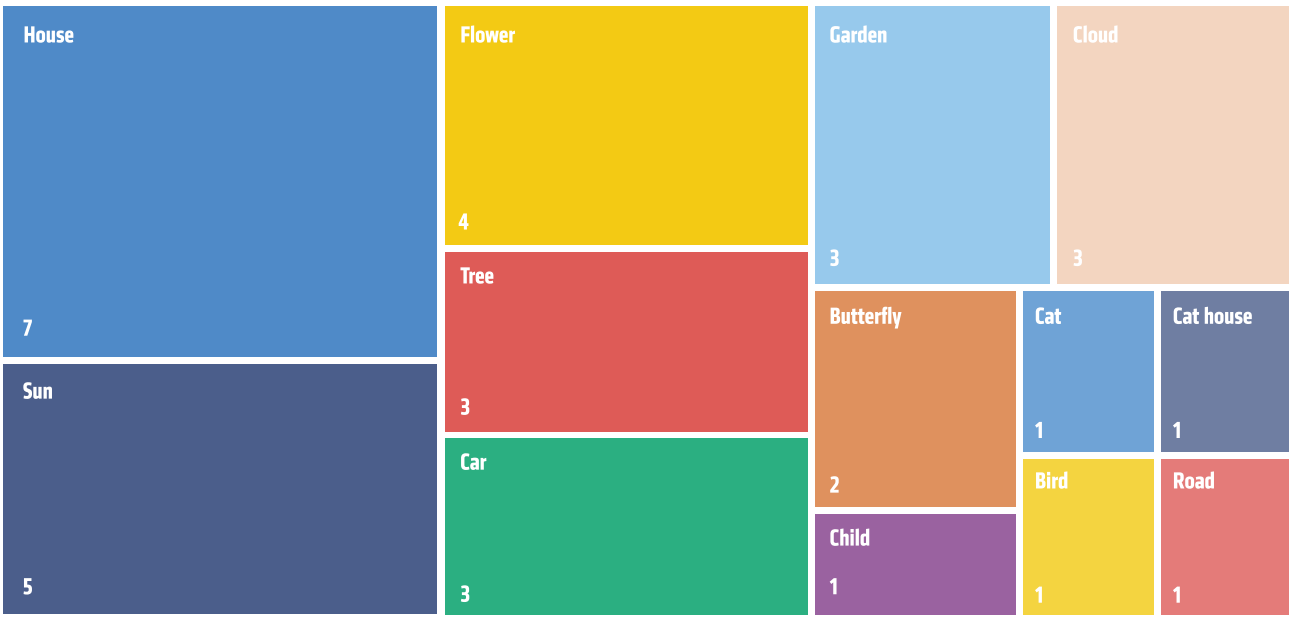

Figure 26: Elements that Evoke the Concept of Mental Health in Children

In the question asked regarding with what motivation the chosen objects have been identified, the child participants have answered, "When I'm not **happy** at home, I make myself **happy** by planting flowers. Since I like drawing flowers. When I draw, I always draw a flower", "I love constructing buildings, I'm happy when there is a building, a car... I drew a cherry tree, because I love cherries", "I'm **happy** if there is a sun", "I feel **happy** when it's a sunny day. I'm **happy** if I have a huge house. I love cars, since I love to travel. I love driving cars...", and "I drew a house, a car, sun, flower and a cat house. I would like to have these. Also a garden. Right now I'm also drawing a cat. I'm **happy** with these". The word "happy" being used to express their shared feeling indicates that the child participants have gained awareness of the state of happiness, which is one of the most important indicators of mental health. Apart from the word "happy",

the second most frequently used word being "love" indicates that the children may have established a conceptual connection between happiness and love. In terms of the activity carried out and the question asked, this connection is interpreted, from the perspective of the child participants, **as persons who do what they love and/or have access to love are happy, and therefore their mental health tends to be more positive.**

After identifying what the concept of mental health evokes, it has been identified that the attitude of the children against challenging situations and conditions is to engage in activities they like and are happy doing. At the end of the activity conducted during the child FGD, in response to the question asked about the character in the activity called Zencefil, the children have answered, *"She/he would want to learn Turkish. Zencefil could read books", "She/he won't do anything if she/he's sad, she/he'll go to play ball", "She/he would want to go to school and play with friends and will be happy. She/he won't play, she/he won't hang out with anyone, she/he doesn't want to do anything out of boredom", "...She/he won't do anything if she/he's sad, but she/he could have a little fun to get rid of her/his sadness",* and *"She/he would want to play..."* Based on this, it is presumed that when faced with a sad situation, the children carry out activities where they can have fun (reading, playing ball, playing games, and spending time with friends) and therefore, cope with challenging conditions through these activities.

In response to the question on what can be done when individual coping strategies are considered to be inadequate, the children have answered, *"Can go to an entertainment doctor", "I think she/he should go to the doctor",* and *"There are doctors at schools, she/he can tell them"*, leading to the assumption that the children are open to speaking with a professional and consider this as a natural action. Furthermore, in response to the question on whether it is easy to access mental health professionals, most of the children have expressed that accessing them is easy and if necessary, the person could access such support with the help of those around them. The answers, *"A psychologist can easily be visited", "It's easy to make an appointment", "I think it's easy. She/he could immediately call the psychologist and book an interview... She/he'll also call to book an appointment and can see the psychologist anytime she/he wants. If she/he tells the teacher, the teacher can also organize an interview with the psychologist"*, and *"It's easy to access doctors... She/he can also go alone... If she/he tells the teacher at school, the teacher could also take her/him"*, supports the view that children consider receiving help as normal, and also emphasizes that asking for help from those around them does not constitute a situation where children would refrain from. Also, certain answers given by the children, such as, *"Sometimes it's difficult, sometimes it's easy. Sometimes it appears right before you, sometimes it doesn't. For instance, there could be a psychologist that someone she/he knows is acquainted with, she/he could tell that person and go with them"*, and *"Sometimes it's difficult to make an appointment, it could take time"*, indicate that even though they are aware that it is possible to access psychological support, they are also familiar with the difficulties faced by persons around them during this process.

Lastly, in response to the question on how useful it would be to receive psychological support from professionals, the answers of *"They can calm her/him down. They can give pills. They can prescribe tranquilizing shots and pills", "For example, they can make her/him sleep. To calm her/him down"*, and *"Well, for example, they could maybe calm her/him down if they explain it in a kind, sweet tone"* indicate that the child participants are aware that psychological support is not only limited to interviews with the psychologist and that medication treatment is also provided when necessary. It is assumed that the children's ability to convey this awareness orally in an open and clear manner indicates that the process of receiving psychological support is a normal and acceptable condition. Moreover, it could be inferred that the child participants are quite familiar with depression and generalized anxiety that is common among the asylum seeker communities, that the doctor's help is sought in such cases, the "pills and shots" prescribed by the doctors, and symptoms like "calming down" and "sleeping" caused by the use of such substances. It is also assumed that the children might have acquired such awareness, not only based on their own experiences, but also from their observations of adults in their vicinity. In this regard, it is considered that the wellbeing of caregivers in particular could have a direct effect on children.

5.2.2. Results of the Adult Focus Group Discussions*

The results of the adult focus group discussions have been reviewed under six headings. In this context, the themes that come to the mind of the asylum seekers associated with the concept of mental health will first be provided, followed by a focus on the concepts that have a positive and negative effect on mental health. Lastly, the barriers to receiving psychological support, the importance of receiving psychological support, and the suggestions of asylum seekers regarding the services offered in the field of mental health will be conveyed.

**Various demographic features of quoted persons have been given as age, gender, nationality, and province of residence. The expansion of the abbreviations is as follows: "W:Woman, M:man, TW: Trans woman, TM: Trans man, SYR: Syrian, IRQ: Iraqi, AFG: Afghan, IRN: Iranian and EGY: Egyptian".*

5.2.2.1. Concepts that Come to Mind Associated with Mental Health Problems

In response to the questions asked during the FGDs with adult asylum seekers to identify the concepts that come to mind associated with mental health problems, it has been found that the asylum seekers have mostly referred to the negative feelings they experienced and their difficult living conditions.

Before explaining these feelings and conditions, it has been considered that based on the answers given to the questions, addressing how the asylum seekers have changed physically, emotionally, and behaviorally when their psychological wellbeing has been impaired would be convenient in terms of the efficiency of the flow of analysis. It is seen that the most apparent change in terms of behavior and emotions that the asylum seekers have mentioned is mental strain.

> *"In certain situations, when I am in a good mental state, everything goes normally. You do everything normally. But, if that (mental wellbeing) state is impaired, you get angry and tense quickly."* (44/W/SYR/Adana)
>
> *"If I'm not healthy in terms of mental health, I don't even want to get out of bed. I don't want to see or deal with anyone. I don't want to do anything. I get angry, I get aggressive really fast."* (44/W/AFG/Ankara)

It has been identified that this mental strain has affects, not only concerning the person but also concerning that person's vicinity and family.

> *"There is always fear within me. I was thinking of (committing) suicide if it wasn't for my family and children. I became very angry and aggressive. I was being treated by a psychologist. Even my children are afraid of me; they (my children) have bedwetting problems. When I speak, I speak angrily. No one understands me. I even lost my job. I can't help it, I'm in an angry state. I'm this uptight despite receiving treatment."* (36/M/SYR/Gaziantep)

Several asylum seekers are of the opinion that mental strain is also reflected in persons interactions during social cohesion and affects the social cohesion process.

> *"Most of us are in an aggressive state because mentally we are not well. Unfortunately, since we're not in a good mental state, a majority of the community does not accept us here."* (51/M/SYR/Gaziantep)

Other emotional changes expressed by the asylum seekers include low mood, withdrawal, depersonalization, burnout, hopelessness, and a deceleration in cognitive activities.

> *"If I have good mental health, I mean if I'm in a good mental state, then I'll feel well. But, if I'm not, I mean if I don't feel mentally at ease, then I'll be demoralized."* (55/W/SYR/Gaziantep)
>
> *"Every day when I look in the mirror, I feel like I'm losing something inside."* (28/M/SYR/Gaziantep)
>
> *"Life has no taste, no hope."* (29/M/SYR/Gaziantep)
>
> *"I'm not well at all, because I'm not free, I can't think freely, I can't do anything freely."* (30/TW/IRN/Ankara)
>
> *"I'm unable to think, I can't think straight."* (24/W/AFG/Ankara)

Based on the asylum seekers' statements such as, *"I always want to be alone. I want to be alone, but if someone is in a good mental state, they will want to talk to everyone and interact with them. I'm not like that, I don't want to talk to anyone"* (44/W/AFG/Ankara), it is seen that as a result of all these emotions experienced, the asylum seekers wish to be left alone

and consequently, enter a phase of becoming withdrawn. In short, it is observed that when emotional changes are taken into account, there is more than one factor that has a negative effect on the mental health of the asylum seekers, and some of these factors have an impact on the individuals themselves and some on their relations with others. As can also be seen from the statement, *"All negative emotions affect humans mentally"* (51/M/SYR/Gaziantep), it is presumed that several asylum seekers are aware that mental wellbeing is influenced by more than one condition or emotion.

The adverse effects on the physical state of the asylum seekers caused by the impairment of mental health emerge as deterioration in the general state of health. Moreover, when considering statements such as, *"When an illness develops, that also really affects (mental state)"* (27/W/SYR/Adana) and *"I'm also ill, I have diabetes. My child also has the same illness. We're struggling with these problems in daily life, we're left face-to-face with these problems"* (45/W/AFG/İzmir), it is found that the presence of chronic illnesses in the asylum seeker or her/his family members has an adverse effect on mental health. It is seen that secondary to mental health problems, physical health problems that develop afterwards based on such problems are conveyed through statements, *"I got cancer due to grief and they removed one of my eyes. I lost something that belonged to me"* (37/W/SYR/Adana) and *"I thought of committing suicide, my father and family prevented me. I used to weigh 95 kilos, now I weigh 71"* (36/M/SYR/Gaziantep). All of these statements indicate that there is a strong connection between physical and mental health.

5.2.2.2. Factors that Adversely Affect Mental Health

5.2.2.2.1. Effect of Remaining Distant from Loved Ones and Concerns for the Future on Mental Health

It is seen that having concerns for the future lead to anxiety among the asylum seekers. It has been conveyed that this anxiety is based on factors, such as being away from family, unmet basic needs, unemployment, expectancy to acquire status in the country of asylum, problems experienced in certain areas like benefiting from health services, and fear of expectations remaining unanswered. Whereas, certain asylum seekers have conveyed loneliness and remaining distant from loved ones as the greatest cause of this anxiety.

> *"I have a child who's 17 years old, she/he never accepted this place. She/he went abroad without my knowledge. I only came to know after she/he left. I was in a terrible condition."* (55/W/SYR/Gaziantep)
>
> *"My father and sister have been in Germany for seven years. My mother, siblings and I are in Türkiye. I was deeply affected psychologically the first year they had left. I never came out of my room. I only came out if I needed something. Then I started plucking my hair. I don't have the feeling of belonging here."* (22/W/SRY/Gaziantep)

Based on these statements, it is found that some of the asylum seekers use negative coping strategies when faced with negative emotions experienced as a result of remaining distant from family members. Also, it is seen that asylum seekers, who are far away from family members and feel loneliness, tend to isolate themselves from their social circles.

> *"I want to be alone, but if someone is mentally well, they will want to talk to everyone and interact with them. I'm not like that. I don't want to talk to anyone."* (24/W/AFG/Ankara)
>
> *"... There is no one to help me and I'm on my own and this inevitably makes me feel mentally depressed. You can't handle it, you just can't handle the situation. You can't find anyone around you, you can't find anyone to help you out."* (44/W/SRY/Adana)

On the other hand, it is seen that asylum seekers' opportunity to enter/exit the country of origin, which is based on the differences in status depending on the country of origin they come from, makes the other asylum seekers, who do not have this opportunity, feel to be in a tougher situation in terms of mental health.

> *"The Syrians at least sometimes go back and see their friends and relatives. But, we don't have that luck either. I mean think about it; my siblings are in Iraq, my relatives are in America. I'm stuck in the middle."* (52/M/IRK/Adana)

The migration process itself creating uncertainty, loss of perspective about what tomorrow will bring, reconstructing life from the beginning, social cohesion problems in the country of asylum depending on the individual skills of the asylum seekers, and fear of being sent back to the country of origin or being deported due to mistakenly violating the rules in the country of asylum have been expressed as conditions that adversely affect mental health. It is observed that all these conditions combined lead to severe anxiety.

> *"Everyone is affected during migration, so are we... What will happen tomorrow, will we go, will we stay? Being caught in the middle is so upsetting."* (33/W/AFG/Ankara)

> *"... I started over everything. I started from scratch many times, but this worries me. I can't adapt to this place. For instance, I start something new, then I get scared about whether I'll have to return to Syria after a year or two."* (29/M/SYR/Gaziantep)

> *"What scares me the most is that I can't interact with anyone here, because I'm afraid of getting sent back to my country of origin in case I get involved (mistakenly) in an incident. I accept most things or evade them just so we can live and stay here."* (28/M/SYR/Gaziantep)

> *"You keep on thinking, you're always somehow uneasy about what will happen. We always have the thought in our heads that if a negative situation takes place, they will send us back once again."* (29/M/IRQ/Adana)

> *"We came here as migrants. We have nothing, we have no future. We're stuck in between which is why we overthink."* (44/M/IRN/Ankara)

> *"... Living in uncertainty is the most difficult thing because we don't know for how long we'll be here. When will everything about us gain certainty... Then, obviously we become stressed."* (38/W/İRN/İzmir)

5.2.2.2.2. Effect of the Difficulties Experienced in Access to Basic Needs and Rights on Mental Health

In terms of human rights, the negative effect on the mental health of the inability to meet basic needs (physiological, security and health), which is a fundamental right, financial hardship, economic difficulties, and difficulty in finding jobs that have become a chronic issue is another of the findings obtained from the adult focus group discussions. It is assumed that asylum seekers' hope to find a safer and better life after arriving in the country to which they migrated has turned into a disappointment due to the financial difficulties they face, and this situation has worsened their mental health, which has already been adversely affected.

> *"... Certain criteria must be met for us to be at ease here. Since all of these criteria are connected to each other like chain rings, our lives must be safe here before everything else. Also, we must be able to support ourselves in terms of jobs and we must have a job. When these don't happen, then you start thinking, 'How will I pay the rent, how will I meet my child's needs?' (Only) if these are met will you have good mental health and be at ease. Beyond all this, this is a process of uncertainty."* (38/W/IRN/İzmir)

It is seen that the first problem faced by asylum seekers is difficulty meeting their basic needs and lack of appropriate conditions that would enable them to sustain their own lives. Although some of these asylum seekers, who carry this stress, concern and fear within them, are able to find a job, they work at lower levels in terms of socio-economic status compared to the countries from where they migrated.

> *"... I was a nurse. I wasn't able to work here. I go and clean houses here to take care of my children. I no longer have the way of life I used to."* (47/W/SYR/Gaziantep)

As conveyed in this statement, it is possible for asylum seekers to work in fields outside their areas of specialization in their country of origin in order to meet their basic needs.

> *"We have to work to meet certain specific needs. Employment opportunities are very few. The treatment is also quite bad. You work for very long hours and they pay you little. For example, if a problem occurs, the boss tells you 'go'. That's why these conditions also affect people's mental health."* (21/M/SYR/Adana)

Several of the participants have conveyed that the negative attitudes they face in their work environment and the problems in the working conditions influence the opportunity to work someplace for a longer duration and increase the risk of being dismissed from their job. It is considered that the scarcity of employment opportunities, difficulty finding and continuing a job (being deprived of social insurance), and financial difficulty and hardships experienced as a result each constitute a stressor for the asylum seekers and have a negative effect on mental health.

It is found that asylum seekers with physiological health problems and the vulnerability of disability have more limited employment opportunities compared to the other asylum seekers, and the mental health of the asylum seekers in this group is more adversely affected due to such vulnerabilities when compared with the general asylum seeker population.

> *"For us, persons with disabilities, employment opportunities are quite limited. I can't work and as you know, living conditions here (in the country of asylum) are very difficult. Everything is so expensive, I mean rent, this and that... Since we can't keep up with it, this kind of disrupts our mental health."* (44/W/SYR/Adana)

In parallel with the finding that the psychological wellbeing of most of the asylum seekers has been adversely affected due to economic concerns, it is understood from statements such as, *"We are in such a poor economic condition that even if I go to a thousand doctors it would not be useful, because the only problem we can think of is our financial status"* (50/W/AFG/Konya), that they prioritize resolving their struggle to earn a living rather than their mental health.

It is supposed that unmet basic needs and the struggle to make a living not only have negative consequences for the asylum seekers on a personal level, but also on a public level. It is seen from the asylum seekers' statements that the time allocated for work, for the purpose of meeting basic needs, exceeds the time allocated for learning the language, that this situation causes difficulties in terms of social cohesion and communication with persons in the country of asylum, and that the mental health of the asylum seekers is affected adversely as a result of all these. In this scope, it is presumed that supporting increase in social cohesion will also lead to improvement in the field of mental health. Last of all, it is seen that the Covid-19 pandemic has also made it difficult for the asylum seekers to access means of livelihood and education, which on its own has caused stress.

> *"We came to Türkiye starting from zero, having nothing with us. We want to work, to find a job somehow; we want to learn the language. If we want to learn the language, then we don't have time left because we need to work. If we work, this time we can't learn the language. We are also experiencing financial difficulty."* (47/W/SYR/Istanbul)
>
> *"Covid-19 has been existing for one and a half years now. Schools closed, universities closed, all courses took place online. Now just think about the situation of the asylum seekers here. What happened? We had no money left, we couldn't find money, we started having difficulty due to financial problems."* (62/M/IRQ/Istanbul)

5.2.2.2.3. Effect of Being Exposed to Racism, Alienation and Discrimination on Mental Health

From the FGDs held with adult asylum seekers, it is considered that in addition to the difficulties in social cohesion, experienced by the asylum seekers who escaped the war and migrated with the dream of living in a safer place, the racism, prejudice and alienation that they have been exposed to may have a negative impact on their psychological wellbeing.

> *"... When we came to the office, we were standing by that door. A woman passed by, excuse my language, but she said 'We can't get rid of dirt bags'. This is pressure. This really upset me."* (37/W/SYR/Gaziantep)
>
> *"It's as if I came from space. For instance, I'm walking on the street and everyone looks. As if I came from space and I'm not a normal person."* (30/TW/IRN/Ankara)

Asylum seekers convey marginalization by the host community as one of the main reasons that affect their psychological wellbeing. In certain groups with specific needs, it is also seen that an exclusionist attitude also emerges in the process of meeting basic needs, such as access to health services.

> *"We are also subjected to mistreatment. I mean, not by everyone, but most of them are mistreating us."* (52/M/IRQ/Adana)
>
> *"Since the way they treat us is very bad when I go to a hospital, I get mentally depressed, I mean really depressed. And there is also racism, that's the worst of all. As if we are not wanted, like we're being excluded. We are being excluded anyhow. They really make us feel it."* (29/M/IRQ/Adana)

It is considered that being exposed to prejudiced attitudes may intensify the asylum seekers' beliefs that they are not wanted where they are present, which in effect could adversely affect their mental health. The asylum seekers associate being excluded by the host community with being asylum seekers, and have acquired awareness about being treated differently than what they had experienced when they were tourists. As a result, several asylum seekers have expressed having difficulty in motivation for integrating into the community and adapting.

> *"The host community actually didn't want to accept, they wanted to keep (us) separated. We're also having great difficulty about this issue. I mean, there are many people who do not go out of their homes, but we actually want to."* (47/W/SYR/Istanbul)

> *"I lived abroad for 15, 18 years. In Lebanon, in Jordan. I went everywhere, but not as an asylum seeker. I never felt weird. It was different there, but I'm an asylum seeker here. I mean, it gives me great pain."* (36/M/SYR/Gaziantep)

According to the statements of the adult asylum seekers given during the FGDs, this discrimination is not only displayed towards the adult asylum seekers, but child asylum seekers are also being exposed to exclusion, discrimination and peer bullying.

> *"My uncle's son (himself) couldn't send his child to school. Why couldn't he? Because the child hears it on television, from the people around. When a Turkish child sees him, she/he says, 'You're Syrian. I won't play with you. You wait aside.' So the child stays home locked, he can't go out. When he does, some kind of incident occurs."* (28/M/SYR/Istanbul)

It is presumed that host community children are affected from the information provided by the media and may develop a discriminating attitude towards asylum seeker children, consequently causing asylum seeker children to refrain from going out and socializing; in other words, from taking steps to become individuals who could ensure social cohesion. Some asylum seekers convey that their children are also being exposed to discrimination in evaluations of their school achievements and in the school environment. It is assumed that this situation could have an adverse effect on the mental health of both the caregivers and the children.

5.2.2.2.4. Effect of Feeling Regret and Fear on Mental Health

It is understood from the statements given in the FGDs with adults that fear and regret are intertwined. Fear that emerges due to the events experienced during a war environment and concern that the circumstances faced in the country of asylum could have a negative impact on their lives has been expressed as the main reasons for developing a sense of fear. Whereas, the reason for feeling regret has been conveyed as the current conditions not being suitable to the expectations at the end of the migration journey that was embarked on with the hope of escaping the adverse effects of the war and living a better life.

It is seen that the fear developed in the country of origin, especially due to internal disorder or war conditions, and this intrinsic sense of fear, even though the same conditions are not present in the country of asylum, continues to be experienced, not only by adult asylum seekers, but also by child asylum seekers.

> *"I couldn't sleep for a week after coming here. Whenever a plane went by, whenever I heard its sound I used to get scared as if a bomb was going be thrown. My children used to hug me tightly when they heard the sound of an airplane."* (47/W/SYR/Gaziantep)

> *"There was a military plane field near our house (in the country of asylum). We always kept hearing plane noises. When an airplane noise was heard, my children used to directly rush to the door and lock it. There was also a place like a storage room under the house. They used to say, 'Mom let's hide, let's go downstairs.' I used to tell them, 'We're in a safe place. We're very far away. We're in Türkiye."* (55/W/SYR/Gaziantep)

Considering the statements conveyed, it has been expressed that associating the sound of a plane with negative outputs, such as loss of lives, throwing of bombs, and seeking shelter that require taking security measures, cause stress and fear in the asylum seekers regardless of their age, and could have an adverse effect on their mental health. In addition, it is also presumed that several of the asylum seekers experience symptoms of post-traumatic stress for a certain period.

In terms of a sense of regret, it is seen that the social cohesion of asylum seekers comes to the fore. It is believed that not being able to speak the same language of the country of asylum and exposure to discrimination due to being misunderstood adversely affect the mental health of asylum seekers. It is also presumed that compared to the country of origin, the financial conditions in the country of asylum increase this sense of regret within the asylum seekers.

> *"Personally, my first feeling (experienced) here was regret. It was much (more) peaceful there. Over here, I don't know the language, I can't adapt. It's like (someone) here will fight with me. At first, I was actually uneasy, but I regretted it... There is also a great struggle here (due to the conditions we live in) to make a living. In Afghanistan, we didn't know how much bread costs, but over here, we must calculate every penny."* (36/W/AFG/Konya)

> *"I can't trust. I carry distrust against everyone. My distrust is against everyone, even if it's my best friend... For instance, I cannot sleep at night, it's as if there is someone at the window. I go to check it, I get scared."* (36/W/AFG/Konya)

Concerning asylum seekers who had an organized life in the country from where they came, it is found that having to start constructing their lives all over again after coming to the country of asylum has been mentally very wearisome for the asylum seekers.

> *"It's like we've started from scratch. I'm trying to learn the language so I could be of help to my children, because they need someone to guide them at home. We have to nearly start from scratch here."* (27/W/AFG/Konya)

Based on the statements provided, it is considered that if the asylum seekers, who are faced with an obstacle concerning social cohesion that is caused by the language barrier, have children whom they are responsible for and believe they must protect, then their psychological wellbeing is even more negatively affected with this additional stressor. Similarly, based on the statement, "It took a year for me to get used to it. I was on my own, I had no one. It took a year for me to get over it, I slowly started getting used to it, it was very difficult" (33/W/AFG/Konya), it is seen that it takes time to get over the feeling of loneliness and this loneliness could create a sense of regret in persons with regard to their decision to migrate.

5.2.2.3. Factors that Positively Affect Mental Health

It has been found that as a result of the FGDs held with adult asylum seekers, the factors that have a positive effect on mental health can be separated into two as internal and external. The internal strategy of "self-help" includes trying to be happy, learning something new, getting preoccupied, listening to music, traveling, eating, sleeping, spending time alone, and adopting a patient attitude towards challenges. The asylum seekers have conveyed the external factors as getting away from the war atmosphere and socializing.

5.2.2.3.1. Self-Help for the Improvement of Mental Health

As a result of the qualitative analyses conducted, it has been observed that one of the most apparent methods used by asylum seekers to attain psychological wellbeing is the self-care strategy.

> *"Problems won't end, these kinds of problems will always exist, they will continue. That's why forgetting the problems, trying to make yourself happy, not thinking about them, or more precisely, increasing the good things, and thinking positively affects it (psychological wellbeing) more."* (27/W/AFG/Konya)

> *"Everyone could solve their own problems. Now we say that there have always been problems since our childhood since we used to be in Afghanistan. There were also problems when we came here, there will also continue to be in the future. I need to heal myself."* (34/W/AFG/Konya)

It is considered that regardless of the conditions, asylum seekers attempt to achieve happiness in their inner world and think of attaining psychological wellbeing.

It is found that in terms of self-help, the asylum seekers seek to become preoccupied with something by distancing their "perceptions" from their negative experiences. In addition to keeping the mind preoccupied, it is also seen that beliefs are also utilized as a self-help strategy.

> *"After remaining locked down at home this year, I began to work. I keep myself busy the entire day and don't leave any time to think. Now, this is the thing; no matter who comes to help you, no one will be able to help you if you don't help yourself. First, you must help yourself. You must go out. When you're preoccupied with stuff, you don't have time to think. That's what I did."* (22/W/SYR/Gaziantep)

> *"As a Muslim, this is how I cope with psychological pressures; first, I believe in Allah. Then, I keep myself busy with other things. For instance, knitting, handcrafts, or painting with my daughter, or I don't know. Taking my children and going to the seaside, taking a walk, then putting on earphones and listening to the Quran. I mean, this is how I cope with these things."* (36/W/SYR/Samsun)

As another strategy, it is seen that learning something new is also preferred since it has a positive effect and enables people to forget about their past negative experiences.

> *"Learning something new (is good for me), because it's helpful. You don't see or think about the past and you learn something new."* (27/W/AFG/Konya)

> *"There is a mental gap. If a person cannot achieve something, I mean, if they always have a problem but do not do anything and just sit around, then this situation creates even more pressure. But this is what they should do; they should go to a vocational course or do some kind of job or a hobby. This person will always be preoccupied and this thought will never go away. These kinds of things, for instance, this kind of meeting –with reference to the FGD being held at that moment- or for example a course."* (28/M/SYR/Samsun)

It has been identified that while making efforts to make themselves feel better, the asylum seekers have carried out activities with those around them as a reflection of such efforts, while also tending towards activities they could conduct on their own (such as listening to music and taking a walk, etc.) without requiring the participation of a certain person.

> *"I never remained hopeless. When I'm hopeless, I lose everything. I love to travel. Going from one country to another or from one place to another. When I get really angry, my friend has a car and we go together someplace. If he's not around, I listen to music on my own and drive a car or stroll around the park on my own. You must make yourself feel comfortable, no doctor can ever be as good as you."* (36/M/SYR/Gaziantep)

It is found that being hopeful is important for maintaining psychological wellbeing and that asylum seekers display a patient attitude based on their hope that their living conditions have improved.

> *"In such circumstances, it makes me feel good to go outside, to get some air, to have a change of atmosphere. Sometimes Allah really gives you patience. You are able to tolerate and finally, you live with the hope that inshallah this circumstance will improve. Actually, what can be done is to go outside to an open area; going to an area with trees and greenery could be preferred."* (44/W/SYR/Adana)

Also, based on the statements above, it is seen that activities that intend to interact with nature, such as going to an open area, breathing in the fresh air, and going to places with trees and greenery, have a positive effect on mental health.

It is presumed that with the attempt for self-care, asylum seekers are hesitant about reflecting on the difficulties they experience with surrounding people. A possible explanation for this is the asylum seekers' opinion that these difficulties experienced could also impact the mental health of those around them.

> *"I come home, I throw myself inside, I go to the room, I cry and I cry. I don't want my children to see, but sometimes I just can't take it. If they ask, I tell them 'I have a headache, my shoulder hurts, my feet hurt."* (47/W/SYR/Gaziantep)

It is seen that eating has been adopted as another self-care strategy. It is considered that the motivation behind this is to achieve some sort of temporary comfort.

> *"There are two things I do when I get angry; I either eat or I rush myself out of the house. Then, there is nothing left of my anger. If I don't do these two things, I drop down and faint."* (55/W/SYR/Gaziantep)

It has been identified that self-care strategies are limited and are not efficient for some of the asylum seekers.

> *"I don't know what my own problems are. I talk to myself. I mean, sometimes I tell myself 'try these'. I tried it all, but unfortunately it failed. I wanted to overcome my problem(s), I don't have the strength to do it on my own. I need someone to help me."* (29/M/SYR/Gaziantep)

As a result, it is seen that self-care strategies play a significant role in terms of the mental health of the asylum seekers, but cannot be generalized as being useful to all. Asylum seekers having different characteristics and each of them requiring mental health support at different degrees could be shown as a reason for this situation. Moreover, based on the asylum seekers' statements, it is considered that the main common theme is based on suppression. Some of the asylum seekers have conveyed that not thinking about the parts that are mentally difficult for them would be beneficial. Although this strategy ensures wellbeing in the short term, it may have a more negative effect on the person's mental health in the long term.

5.2.2.3.2. Getting Away From the War Atmosphere and Socializing for the Improvement of Mental Health

Even though migrating to get away from the war atmosphere seems to be a step towards the improvement of mental health, it has been characterized as an external factor since it causes changes in the social circles of the asylum seekers. Several asylum seekers have expressed that getting away from a war atmosphere is effective on its own in improving psychological wellbeing.

> *"For me, my days in Syria were not comfortable and I don't miss it at all. With my own effort and your help, I'm trying to forget those conditions. I'm trying to forget those days and I don't want to remember them. I wasn't at ease due to my family and my husband. I try to go out and engage with agriculture here. That's how I try to forget about the difficulties I experienced. By working and with your support, I feel much freer. No matter how hard it is here, it's much better for me than from there. We weren't even able to open the outside door over there, as if death was present behind that door. At least over*

here our presence is felt, someone pays attention to us." (39/W/SYR/Adana)

It is believed that this impact, caused by migration, creates an opportunity for the asylum seekers to begin a new life and provides a space for them to tend towards activities (going outside and engaging with agriculture) that make them feel good and worthy. Moreover, as a result of distancing themselves from factors like family and social pressure in their country of origin, also enables them to feel freer.

Although difficulty finding a job and the limited means of livelihood in the country of origin have been conveyed by the asylum seekers as a problem that has a negative impact on their mental health, it is seen that getting away from the war atmosphere leads to an improvement in their mental health and this improvement is mostly based on the feeling of trust.

> *"I don't feel like I'm in a foreign land that much after coming here. Actually, it's quite the opposite. I feel safe when I come here. At least there is no war here, no hardship. I mean (when I say) no hardship in the sense that I feel safe. Only the employment opportunities are a little limited (but) I didn't experience any insomnia or loss of appetite; on the contrary, it was really good. We're trying to sustain life. As much as we can. But, I mean, lack of employment opportunities is a problem for us."* (27/W/SYR/Adana)

Indicating that socializing has a positive impact on mental health, the asylum seekers base this on getting along with the persons with whom they migrated together from the country of origin and also on being able to express themselves correctly towards the host communities. Also pointing out that the greatest impact of socializing is drawing away from the feeling of loneliness, the asylum seekers convey, *"These things (psychological problems) force you into this; into being alone... Desolation is actually what makes you lonely here."* (62/M/IRQ/Istanbul)

It is found that when seeking a source of moral support, they first tend to speak about their problems with their families. If they are unable to receive this support from their families, they socialize with persons in their immediate circles; in cases where this is also not possible, then they seek help from professionals.

> *"In any case, you receive the greatest support from your family. That's what I think; moral support is received from your family. I'm also trying to cope with my problems with the support of psychologists, doctors and you. I don't prefer to speak with relatives. I rather prefer neighbors. At least my neighbors supported me. I was in terrible condition. I've come over it to some extent."* (27/W/SYR/Adana)

During this period, it is found that the asylum seekers who are hesitant about sharing information about mental health with their relatives fear being judged by their immediate circle, which is why they mostly prefer their neighbors for sharing information. It is determined that socializing with neighbors pulls the asylum seeker away from the feeling of loneliness and could create the feeling of being accepted in the country of asylum; however, the greatest obstacle during this period is the language barrier.

> *"Language and socialization are necessary. For instance, when I speak with a Turkish citizen, she/he would not understand me and would not try to understand, he/she will immediately walk away when he/she doesn't know the language, because she/he doesn't have the patience (to listen). That lady –referring to the woman participants in the focus group discussions- should be able to go to her neighbor and talk to them. That other lady should be able to speak easily with a Turkish citizen when she goes out and walks on the Street. She should be able to socialize, to be at ease."* (28/M/SYR/Istanbul)

5.2.2.4. Barriers to Receiving Support for Mental Health Problems

In the light of the FGDs conducted with adult asylum seekers, the barriers to receiving support for the treatment of mental health problems have been identified as fear of being exposed to prejudice, inability to find support from immediate circle and family, no changes occurring in the conditions of daily life despite achieving temporary comfort during sessions with psychologists and psychiatrists, and concerns that shared personal information will not be understood by the other person and confidentiality will not be ensured.

The conclusion has been reached that prejudices in the country of origin of the asylum seekers regarding the receiving of psychological support and labeling the person who receives such support as "insane" is the most apparent barrier faced by asylum seekers in the process of getting psychological support.

> *"It's impossible to change the opinions of the community, because if we don't change the problems we have with the community, then even if we go to a psychologist, nothing will be resolved. We'll be returning to the same problems."* (29/M/SYR/Gaziantep)
>
> *"I mean, yeah, you're right the person could be thinking this way. The person receiving psychological support could be alienated by the community, or that person could be thinking that if she/he receives psychological support, other people will call her/him insane and will be exposed to such an attitude."* (40/W/IRQ/Samsun)

The prejudices and negative attitudes the asylum seekers are exposed creates the conviction that they would not be benefitting from psychological support. In addition, it is seen that in the case of receiving psychological support, they are labeled as "insane" by the public and receiving psychological support is viewed as a shameful action in the public eye.

> *"At one stage, my father took me to a psychologist in Syria. Our neighbors asked, 'Is your daughter insane?' and my father said, 'No, she has certain problems.' Then, my father hid this, because our community does not accept this."* (37/W/SYR/Gaziantep)

It has been identified that the asylum seekers also tend to believe this conviction.

> *"My husband said, 'let's go to a psychologist' and I reacted. I said, 'Am I insane?' In our communities, only the insane go to a psychologist."* (55/W/SYR/Gaziantep)
>
> *"I'm angry, the children are disturbed about it. So am I. I went to the doctor many times. They told me, 'go to a psychologist', but I just can't accept it."* (28/M/SYR/Gaziantep)

It is also seen that in addition to public prejudice, the asylum seekers who are unable to find support from their immediate circles and family members also do not believe in the benefits of psychological support.

> *"If I can't find that kind of support from my own family, my own relatives, or if I can't stand on my own two feet with my own efforts, then I don't think that it would be of any use to me if I go to a psychologist, to a doctor."* (27/W/SYR/Adana)

During this period, it is found that the asylum seekers who have family support have less personal prejudices about receiving psychological support and have come to accept the need to obtain psychological support.

> *"My wife always used to tell me, 'Go to a psychologist. You can't even sleep for two hours, you're always angry, you affect the children'. My wife took the children to see a psychologist. The psychologist said, 'What(ever) these children are facing, what(ever) they are seeing from their father, their father really has an impact (on them)'. After that, I slowly started accepting it and began seeing a psychologist."* (36/M/SYR/Gaziantep)

It is observed that due to the fear of not being understood by their immediate circle or family members or of being unable to express themselves correctly once they convey their psychological problems, they have adopted the belief that it would not be useful to share their psychological problems. In such cases where access to social support is not possible, it is found that the asylum seekers have lost their hope to achieve psychological wellbeing and believe that it would be useless to start seeking some kind of support.

> *"I want to explain my problem to someone who can find a solution for it; more precisely, I want that person to solve my problem, to get an answer. Even if it's my sibling, it won't be of any use; even if you explain it, it'll be useless."* (50/W/AFG/Konya)
>
> *"In this situation, it means that life has come to an end. All doors have closed, we have lost all our hope."* (21/M/SYR/Adana)

It is seen that since talking about psychological problems is considered as a negative experience, the fear of being judged based on the reactions of the persons listening to these problems predominates, and the asylum seekers do not want to share their problems due to refraining from revealing personal experiences.

> *"For example, a person feels relieved when she/he speaks to someone to relax. But, sometimes the person she/he is talking to makes the situation even worse. I mean, they say, 'You put yourself into this position.' You deeply regret opening up to that person, having wanted to share something with that person."* (21/M/SYR/Adana)
>
> *"There is no trust, there is no trust towards others. (Maybe) I would want to say it, but I would be embarrassed, I would be embarrassed sometimes. There is the feeling of embarrassment, because there is no such thing as keeping a secret. (I) would say it from my own goodwill. Even my closest friends would tell someone else, so there is no such thing as keeping a secret."* (36/W/AFG/Konya)

It is found that being unable to improve asylum seekers' living conditions that have a negative impact on their psychological wellbeing reduces the benefit to be gained from receiving psychological support, and such support only creates some sort of

temporary comfort for the asylum seekers and remains insufficient for maintaining continuity in psychological wellbeing.

> *"For example, I have problems and I went and received help from a professional and that person is a psychologist. I mean, she/he explained everything to me really nicely, she/he comforted me. But, after I returned home, my problems still continued. My thoughts still continued. Then, frankly speaking, the support you get from a professional seems not that useful. We're at the psychologist, we're talking, we're relaxed. I mean you make us feel comfortable. Alright, but this is only for an hour. When we leave that place, our problems will still be the same. I can't find much use of it (psychological support)."* (29/M/IRQ/Adana)

> *"Let's say someone came, she/he went out during the day and walked around with friends, but when she/he returned home at night, everything is still the same, nothing has changed."* (22/W/SYR/Gaziantep)

5.2.2.5. The Importance of Receiving Professional Support for Mental Health Problems

It has been concluded from the FGDs held with adult asylum seekers that the participants had certain preconceptions about receiving professional support as a solution to mental health problems. They expressed firstly that they would be able to benefit from psychological support in a situation where there is less prejudice and no labeling of a person as "insane". The participants stated that receiving professional support contributes to the feeling of being understood and accepted, creates new hopes towards life, allows a sense of relief through sharing, provides an opportunity to share within the framework of confidentiality and that receiving guidance from a competent person establishes trust by reducing the feelings of despair.

It is observed that the asylum seekers who receive psychological support have an increased level of awareness on the importance of mental health. They state that they adopt an embracing attitude when people who have ridiculed and labeled them as an "insane" person in the past approach them to seek advice when they themselves need psychological support. This group also indicates that they started to prioritize solving mental health problems before financial problems.

> *My son started acting wrong after coming to Türkiye; he started to act strangely. I took him to a psychologist even though I was concerned that our relatives would call him insane. I supported him and talked to him about the situation along the way, and saw him gradually get well."* (52/W/SYR/Şanlıurfa)

> *"I don't think that it is a problem to get support from a psychologist or a professional. I was going through a very bad time. I received very serious treatment, and now I am not bothered by poverty, or this and that. Actually, I would not say that I am not bothered but I got used to it. I was talking to some of my relatives about my problems. My relatives were laughing at me, making fun of me. Your support (meetings with the psychologist) helped me get out of this situation. I stopped talking to people I used to talk to and stopped talking about such things anymore, (because) when I talk about these, they make fun of me, which upsets me. It took two or three months for the person I used to talk to fall into the same situation I was in, and now s/he asks me; 'What did you do to overcome these problems?" I still did not laugh at him/her; I did not do what s/he did to me. I didn't laugh and told him/her how I was dealing with this situation. When people I talked to looked at me, they made me feel like I was insane. They were mocking me. I used to feel like I was insane when I looked in the mirror. From the moment I started to get out of this situation with both your efforts and mine, they saw that I was changing. I think a person should either get support from an expert or bottle up their problems so that people around them don't make fun of them."* (39/W/SYR/Adana)

It is observed that asylum seekers do not shy away from telling the people who provide professional support about their psychological problems; they also seem to indicate clearly why they could not open up before, that is, due to the fear of getting negative reactions from their immediate circle.

It is seen that the non-judgmental approach of psychologists and psychiatrists has a positive effect on asylum seekers' sharing their mental health problems, thus creating a new sense of hope towards life.

> *"-Referring to people who receive psychological support- You get better at planning and organizing. You get interested in different things and do different activities. You feel enthusiastic; you see yourself as a more helpful person; and you handle your affairs better."* (36/K/AFG/Konya)

The participants expressed that they are open to sharing when mental health professionals who provide psychological support adopt a supportive attitude as a precondition. In addition, the statements of the asylum seekers also emphasize that treatment should be applied only after a proper diagnosis during the psychological support process.

> *"I took my daughter to a psychologist, to a doctor. I can say that I saw the difference. Thankfully, she is now back to normal. I even married her off."* (42/W/IRQ/Şanlıurfa)

> *"If the psychologist is not a good listener and supportive, of course s/he would not make us feel good from their position as a psychologist. We get comfortable when they are good listeners and supportive."* (51/M/SYR/Gaziantep)
>
> *"(The psychologist) needs to understand the situation when we confide in them. Then this doctor should fully understand us after listening to us, sum up the situation, and somehow prescribe the right, special, relaxing medicine."* (42/W/IRQ/Şanlıurfa)

One of the factors observed to have the highest impact on the improvement of psychological wellbeing in asylum seekers who receive psychological support is about having a safe enough environment for sharing. Based on the statement that "You feel relieved when you pour your heart out"(22/W/SYR/Gaziantep), it has been concluded that asylum seekers, who feel safe and are able to communicate their psychological problems, experience a high level of emotional relief.

The participants stated that they prefer mental health professionals to whom they will confide to be of similar age and gender as them. The reason for such preference is considered to be that the asylum seekers think that people with similar profiles communicate more easily with each other. They also seem to think that similarity might lead to a better understanding and empathy during the evaluation of psychological distress.

> *"For example, a young girl can explain herself better to a young psychologist and express herself more easily... As I said, a young girl could feel more comfortable talking to a young psychologist, just as a woman would feel talking to a woman psychologist"* (62/M/IRQ/İstanbul)

Parallel with sharing with mental health professionals of a similar profile, it has been observed that when the asylum seekers perceive that there is a principle of confidentiality established between themselves and the mental health professional, they feel much more inclined to receive support which has a positive impact on improving mental health. It seems that the establishment of confidentiality and a non-judgemental environment is key to access in mental health support. The participants stated that when they started feeling trust, it allowed them to reach an improved state of psychological wellbeing- through having the opportunity to talk about what they refrain from sharing with their immediate circle (relatives and friends) and family members.

> *"At least when you meet a psychologist, you can talk about what you can't talk to anyone about and feel relieved; it gives you comfort."* (39/W/SYR/Adana)
>
> *"It is better to share problems with a psychologist than to talk to other people, because the psychologist does not share them with anyone. There is confidentiality in this; the psychologist won't tell anyone, and that's good."* (47/W/SYR/Gaziantep)
>
> *"Talking to a psychologist has brought me great comfort. I don't need anybody anymore. Relatives and neighbours do not understand your problems, but when I go to the psychologist, I feel relieved that what I am going to tell will stay here between us."* (37/W/SYR/Gaziantep)
>
> *"You feel relieved because there are things that you cannot talk to your family, friends, and relatives about. You get what is bottled up off your chest. You know that what you are going to tell will stay there."* (36/M/SYR/Gaziantep)

It is considered that the main motivation for receiving psychological support from mental health professionals is the sense of safety. It has been concluded from these interviews that asylum seekers refrain from sharing their psychological experiences for fear of not being understood by their immediate circle and family - which has a negative impact on their mental health in the first place. The participants stated that meeting a mental health professional specialized in the field of psychological support gives them an opportunity to share experiences and information.

> *"You can't decide easily when you have problems; you can't always make the right decision. So going to a psychologist or doing something else allows you to live in a more relaxed state of mind and make decisions more easily. You can manage yourself more easily."* (36/W/AFG/Konya)
>
> *"They guide you; tell you to choose this or that, or what would be better for you to do. You are mentally relieved."* (34/W/AFG/Konya)

Finally, it is observed that asylum seekers tend to be indecisive and question themselves when they are emotionally intense. In this scope, some asylum seekers express that proper guidance is only possible through the help of mental health professionals. There are also instances where they emphasized that mental health professionals are trained and therefore are knowledgeable in this field.

> *"I don't think that you can talk to everyone; I think it's better to talk to professionals. It would be better for us to get psychological support from professionals, because other people might misguide us. For instance, someone might suggest that you go to Greece with smugglers to get rid of your troubles, but that would not be sound and legal advice."* (52/M/IRQ/Adana)
>
> *"I think there is no harm in going to a psychologist. On the contrary, it would be better to get help from a psychologist or a doctor*

because a psychologist can make observations that we cannot make. They can guide us in the right path with things we are mistaken about since a doctor or a psychologist went to school, and therefore has knowledge." (39/W/SYR/Adana)

5.2.2.6. What Type of Awareness Raising Activities Should Be Carried Out on Mental Health for Asylum Seekers, and By Whom?

It has been concluded from the FGDs held with adult asylum seekers that awareness-raising activities on mental health for asylum seekers should be solution-oriented, address current problems in life (such as unemployment, disability, financial difficulties and health problems), include individual as well as community level psychological awareness training, improve solidarity among asylum seekers in similar situations (through committee activities and group discussions) and support social cohesion (with a specific focus on language learning).

The participants stated that the agenda of the meetings that are held to provide psychological support should be planned with a specific focus on solving the problems faced by asylum seekers rather than a general sharing of individual psychological experiences and problems. It has been emphasized that producing solutions to current problems in life will help to eliminate the factors that have a negative impact on the mental health of asylum seekers, and thus improve the positive impact of psychological support received by asylum seekers.

"Now, we want such meetings to be held. However, we want their purpose to be to provide a solution, not to just talk about our problems. Especially us, the sick people... I feel mentally worse due to poor health. My file is being processed but there hasn't been any substantial progress. We have to wait just like –referring to Iraqis- everybody else." (44/W/SYR/Adana)

"If we get help from professionals, we can at least talk and feel relieved, whatever our situation is. We know that professionals will tell (us) the right things and what to do. This will further improve our mental state, especially for us persons with disabilities. We are struggling; we are not mentally well, we aren't well... The more you raise our voice and the more you make our voice be heard, we may feel better supported. As we discussed, all of us are in a poor mental state, especially the sick... For instance, our friend is depressed (referring to another participant in the focus group). Why? Because he can't work, he can't find a job. He wants to work but he can't. The other one there works for a low salary, and that one there, for example, wants to go to Iraq but can't. He wants to go anywhere he wants, but he can't. All (of these) can make us depressed. So you have to find where the problem is. When you find it, you can end or solve the matter. We can achieve this only with your support and your voice." (44/W/SYR/Adana)

The participants are of the opinion that solving their problems, such as physiological problems, disability, unemployment, financial difficulties, and inability to go to the country of origin or a third country, would improve their mental health.

It is considered that asylum seekers who request solution-focused interviews have a high level of awareness about the fact that the challenges in life cannot be solved without training or having an increased awareness of mental health. It has been stated that both asylum seekers and host communities should be targeted during such training (on social awareness of mental health), which will strengthen mutual understanding and support. The participants stated that awareness raising activities, when they are continued regularly, should lessen social prejudices on mental health, both in asylum seekers and in the host community.

"I have to see a psychologist, but my employer does not understand this. They fire you if you take a day off. If I had better financial means, I would put everything on hold and just go to a psychologist. I would go back to a normal life when I got well. The new generation is learning from us and making the same mistakes we do. Unfortunately, as a society, more than seventy percent of us have problems. We have mental problems, but we do not accept it, neither as a society nor as an individual. We need to teach lessons to new generations such as: There are such problems, so how can we improve the situation, and how can we get better?" (36/M/SYR/Gaziantep).

"You can provide training. For instance, you can organize a training on what happens if people with mental disorders do not go to the doctor." (55/W/SYR/Gaziantep)

"We, as a community, need psychological support because we went through trauma, so we all need to get support. It is necessary to explain these and organize group training. We need a change of order, especially with fathers. Fathers are more dominant in our society. Of course, mothers should also be provided with training but it is the fathers and young adults aged over 20 that need training the most. We need to set an example to get rid of the notion of shame, saying, "This person was like this, and changed

> *into this after receiving psychological support."* (51/M/SYR/Gaziantep)

Another common theme is that young people would be the most affected in the community in case of failure to ensure psychological wellbeing, and that it would be an action that would increase awareness of the family if the parents and elders received training on mental health in groups. It has been stated that the training provided should not be limited to the field of mental health, and that the activities organized under different trainings and courses will positively affect the mental health of asylum seekers.

> *"I wish there were trainings, courses, or something like that... This is because it helps people unwind; so (courses) might be better."* (28/M/SYR/İstanbul)
>
> *"Meetings like this will surely help... We don't have the financial means and cannot afford to attend various activities, go to different places or do different things. We are like birds in a cage. I think (the activities) would help us."* (50/W/AFG/Konya)

It is considered that group activities give the asylum seekers an opportunity to communicate, which alleviates the sense of loneliness and isolation, and initiates the process of normalization. It is understood that activities organized for asylum seekers who have experienced war and migration by considering the principle of confidentiality, in other words by paying attention to the issue of personal secrets and their sharing, will have a positive impact on mental health.

> *"There could be different kinds of training; we all have problems here, we are all in distress. If we are telling you this now and talking to you about this, this is because of these kinds of trainings; because we all came out of the war. We overcame certain problems. People may find it difficult at first, but as I said, what I have told you is a secret that you will not share with anyone."* (36/W/AFG/Konya)

Additionally, it is observed that language and vocational training courses contribute to eliminating problems of social cohesion and unemployment that adversely affect the mental health of asylum seekers. These courses also seem to be creating opportunities for asylum seekers to socialize in an environment of hope and solidarity.

> *"Most people are afraid to see psychologists. You can organize courses like that, (such as) language courses, and vocational training courses. You feel mental relief when engaged in such activities. For instance, people are afraid of the future; they are afraid of losing their job like that lady there (referring to another participant in the focus group discussion). They should do something for the future such as learning a language or attending vocational training courses because they are afraid of being fired. I don't know, there may be other courses, and attending these courses is mentally good for people."* (28/M/SYR/İstanbul)

It has been identified that asylum seekers want the trainings, activities, meetings and gatherings to be carried out by an institution or a committee. It has been identified that asylum seekers want the trainings, activities, meetings and gatherings to be carried out by an institution or a committee. It is observed that the announcements and notifications of the events for the purposes of raising awareness on the importance of receiving psychological support can be disseminated more quickly, if these are organized properly and by paying attention to needs and concerns of the asylum seekers.

> *"We can take responsibility as a committee. We could inform people or bring in psychologists as a youth committee or a neighbourhood committee. We could provide pieces of information about what happens when people do not receive psychological treatment and how severe it can get. We can make a difference this way."* (55/M/SYR/Gaziantep)
>
> *"What I would personally like is events or a group, a youth group, for example. Now, young people are usually at home, so how could they know if there was such a thing (notices, services, etc.)? They wouldn't. Therefore, the group needs to go and talk to them. An association can do this or even announce it through events or news."* (65/M/IRQ/İstanbul)
>
> *"It would be good if they organized gatherings and courses for these people in a poor mental state, such as sessions and meetings, for instance. Personally, my psychologist even prescribed me medication, but I don't think I need medication. Because what I need now is to talk to the psychologist. I find these meetings, these discussions better and more useful."* (36/W/AFG/Konya)

Finally, it has been observed that the majority of the asylum seekers think that they would have access to awareness-raising leaflets on mental health, if there were any, and that they would be informed through these leaflets, and also request trainings, meetings and gatherings as they will be held face-to-face.

5.2.3. Results of the In-Depth Interviews Held with Asylum Seekers

While conveying the results of the in-depth interviews held with adult asylum seekers, information has been provided on the vulnerabilities and differences of experience of the asylum seekers, which have been categorized into disability, sex and gender-based violence, single parents, and torture victims within the framework of vulnerabilities. Firstly, the overall outputs obtained from all the interviews conducted, the reasons leading to MHPSS and the means of access to the preferred MHPSS information will be presented, to be followed by the findings obtained specifically regarding the aforementioned vulnerabilities.

5.2.3.1. Preliminary Results of the In-Depth Interviews Held with Adult Asylum Seekers

The reasons stated by the asylum seekers and the percentage thereof identified upon assessment of the reasons leading to the need for MHPSS are as follows (Figure 27): Having a social circle with a negative attitude towards MHPSS (83%), being affected by living conditions and financial difficulties (78%), impacts of the war (60%), being affected by migration and loss (73%), future anxiety/ fear/ uncertainty/ hopelessness (63%), health problems (60%), domestic violence (55%), exclusion (48%), being faced with language barrier (35%), the negative impacts of Covid-19 (35%), and finally, being exposed to racism (18%).

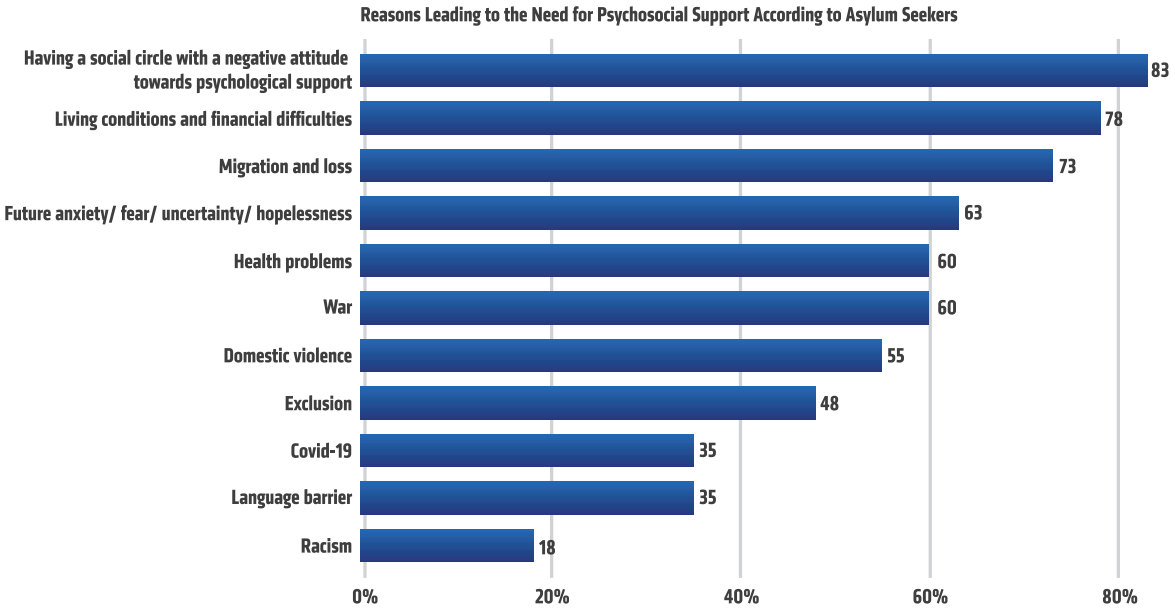

Figure 27: Reasons Leading to the Need for Psychosocial Support According to Participants of the In-depth Interviews

When asked about the means of access to MHPSS information, 90% of the participants stated that there is a need to increase social awareness on accessing MHPSS information, 65% stated that informative videos and leaflets would be useful and effective, 23% preferred receiving information on MHPSS by phone, and 20% stated that MHPSS activities to be organized as group sessions would be beneficial. (Figure 28)

In this context,

1. WAR: It has been observed that due to the psychological trauma caused by the war, the participants did not want to talk about serious issues such as the war in public or in situations where there is a possibility of risking privacy (while providing information on MHPSS by phone and during group sessions), These groups, therefore, lean more towards methods such as videos and leaflets where interpersonal interaction is limited social awareness in general is prioritized. **It has been identified that the demand for increasing social awareness on mental health increased by 7% in this group in parallel to the aggravation of the impacts of war.**

2. MIGRATION/ LOSS: It has been identified that the more severe the direct or indirect psychological impact of the migration and the loss (death) of a loved one/family member/relative is, the less interested the participants are in receiving MHPSS information by phone, or in participating in MHPSS group sessions or in comparably public methods

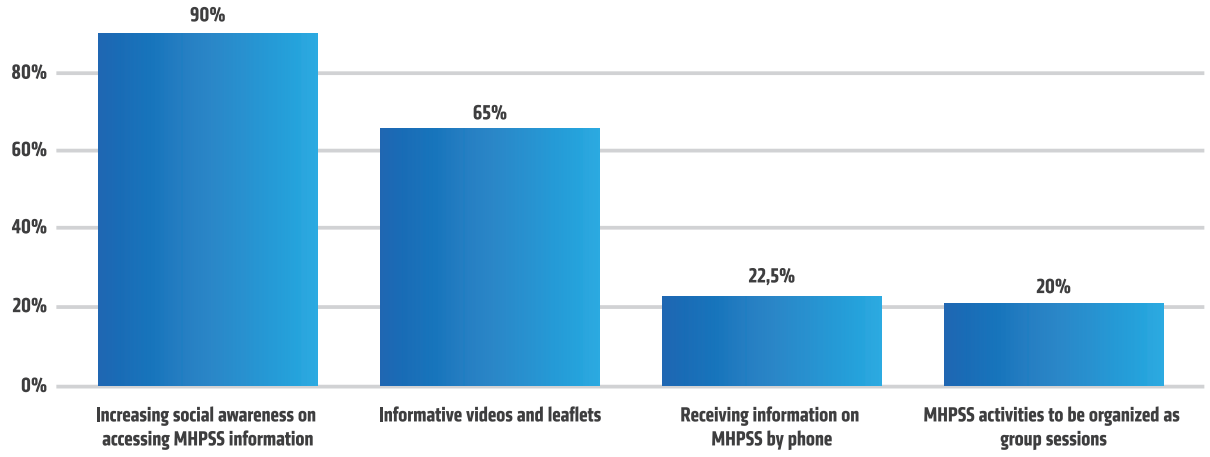

Figure 28: Means of Access to Information on Mental health and Psychosocial Support Preferred by Participants of the In-depth Interviews

of raising social awareness. It has been concluded from the statements of the asylum seekers that this is due to the concern of not being understood by society and their social environment. There also seems to be a fear that talking about the deceased will cause old traumas to relapse. **It has been observed that the more the participant is affected by migration and loss, the more they lean towards methods such as videos and leaflets where interpersonal interaction is limited.**

3. LIVING CONDITIONS/FINANCIAL DIFFICULTIES: It has been observed that the more severe the direct or indirect impact of the living conditions and financial difficulties is, the less interested the asylum seekers are in receiving MHPSS information by phone but they adopt a more positive approach towards attending MHPSS group sessions (12%), raising awareness on MHPSS with videos and leaflets (23%), and raising social awareness (22%). The reason for the negative attitude towards the MHPSS information by phone has been identified to be the understanding that "talking cannot relieve anxieties". However, for other means of access, it has been found that increasing interaction and raising awareness will mitigate the feeling of loneliness in times of difficulties caused by living conditions, which also nurtures hope that action can be taken against problems through joint activities where financial difficulties and similar issues are addressed.

4. EXCLUSION: It has been identified that the greater the extent of exclusion is, the less reliable the participants find the impact of MHPSS information by phone, MHPSS group sessions, and videos and leaflets. The reason for such lack of faith is considered to be that those subjected to exclusion have a feeling of distrust of the sincerity of the help provided, regardless of the level of interpersonal communication. The asylum seekers are observed to be adopting a positive approach towards this method by means of expressing that there is a need to raise social awareness about MHPSS in order for them to mitigate their feeling of being excluded.

5. RACISM: As for the direct or indirect exposure of asylum seekers to racism, the greater the feeling of exposure to racism is, the less interested the asylum seekers are in methods of receiving MHPSS information by phone (9%), and awareness-raising activities (7%). The participants expressed that they would prefer information sessions held in groups (%10) where emphasis can be put on how equal they are as human beings as a method. Similarly, it has been identified that videos and leaflets would be favored more (20%) as a means of access to MHPSS information if the figures and drawings thereon promoted equality.

6. LANGUAGE BARRIER: It has been observed that the greater the impact of the language barrier is, the more the participants adopt a positive approach towards raising social awareness as the preferred means of accessing MHPSS information. In terms of providing MHPSS information by phone (14%), organizing MHPSS group sessions (10%) and preparing videos/leaflets (%23); the participants find these methods less reliable due to the concern that the limitation in language choices will not be overcome.

7. DOMESTIC VIOLENCE: It has been observed that as the severity of violence increases, the participants who have been directly or indirectly affected by domestic violence adopt a more negative approach towards participating in MHPSS group sessions and activities for raising social awareness. Due to these reasons, it has been identified that this group of participants prefer

receiving information by phone (1%) or video and leaflets (7%), which are more individual means of accessing information. The reason why the correlation coefficient is very low in information by phone might be that most of the participants who suffer from domestic violence have limited access to a phone or have access to a phone under the supervision of their family members. Phone communication is an efficient method of providing information only for individuals who not only have their own phones but also have exclusive access to their phones, in other words, for persons who have access to privacy. **Similarly, the participants who are under pressure and control found the videos and leaflets to be the most convenient means of access to MHPSS information because of the limited interpersonal interaction.**

8. FUTURE ANXIETY/ FEAR/ UNCERTAINTY/ HOPELESSNESS: The increase in the levels of future anxiety, fear, uncertainty and hopelessness seem to cause the participants who have experienced such situations to develop a negative attitude towards participation in MHPSS group sessions and access to MHPSS information via videos and leaflets. It is understood from the statements of the asylum seekers during the in-depth interviews, that negative views towards MHPSS group sessions might be arising from the concern that the participants with future anxiety have a fear of not being understood, being humiliated and not being taken seriously. It has been observed that asylum seekers who experience future anxiety, feelings of uncertainty, and hopelessness need people who will understand them and listen to them in a sympathetic manner. Therefore, it is observed that these individuals see interpersonal interaction within the scope of receiving information via videos and leaflets insufficient, which is why they do not prefer it as a method. In addition, a positive correlation has been found between providing MHPSS information by phone, and raising social awareness and the participants who have future anxiety.

9. COVID-19: Due to Covid-19, face-to-face meetings with psychologists and psychiatrists were interrupted and these meetings were held over the phone. Except for this condition created by Covid-19, it has been observed that the participants have negative thoughts about receiving MHPSS information by phone and about means of accessing MHPSS information via videos and leaflets. The participants who experienced lockdown due to Covid-19, shared the same living environment with people who are considered difficult to get along with, have fear of getting sick and are unemployed find these two methods less reliable. On the other hand, it has been observed that there is an increasingly positive approach towards MHPSS group sessions and activities that raise social awareness. Based on this reference, it is considered that people who stay at home alone for a long period of time need socializing.

10. HEALTH PROBLEMS: It is observed that with increasing severity of health problems, the participants who are directly or indirectly affected by the situation adopt a more positive approach to MHPSS group sessions and means of accessing MHPSS information via videos and leaflets. This, according to the statements of the asylum seekers, stems from the feeling of "I am not alone" acquired by meeting people who share the same problem and by talking about their health conditions in a community or a group, and from the ability to find information on accessing healthcare services in the videos and leaflets. The asylum seekers state the reasons for their negative opinion on MHPSS information by phone and MHPSS activities for raising social awareness to be their distrust of the sincerity of the person conducting the interview on the phone, the fear of not being understood, and the fact that the information provided is too general.

11. HAVING A SOCIAL CIRCLE WITH A NEGATIVE ATTITUDE TOWARDS MHPSS: The participants consider being around a social circle with a negative attitude about their need for psychological support to be one of the most important reasons for the deterioration of their psychological health. The more severe the negative attitude of the social circle towards MHPSS is, the less willing the participants are to access MHPSS information via video and leaflets (6%). On the other hand, the participants lean more towards receiving MHPSS information by phone (9%) and participating in MHPSS sessions organized as a group (7%), which all provide an opportunity to engage in direct interaction with people individually or as a group. These findings are considered to result from the fact that asylum seekers need to leave their biased social circle and engage in a more understanding social circle where they might have the opportunity for normalization.

5.2.3.2. Results of the In-depth Interviews Held with Adult Asylum Seekers Based on Vulnerabilities

5.2.3.2.1. Results of the In-depth Interviews Held with Asylum Seekers with Disabilities

During the in-depth interviews conducted with asylum seekers who have disabilities or family members/relatives with disabilities, the reasons that have a negative impact on the mental health of the asylum seekers have been identified to be war and migration, health problems, future anxiety and stress, financial difficulties and domestic problems. The barriers to receiving psychological support are the fear of being labeled as "insane", the judgmental attitude in society, the

denial of the need for psychological support, and the distrust in medication in the psychological support process and/or the belief that medication will not be of any help. It has been observed that when psychological support is not received, asylum seekers tend to misuse various substances and develop mental strain.

It is stated that ongoing health problems create a risk factor for the psychological health of asylum seekers with disabilities or with family members with disabilities, as a result of individual experiences in combination with a caregivers' burden. Some participants think that their expectations of being able to offer a better life to their children while coming to the country of asylum have not been fulfilled. As for the disability situation, to learn what the diagnosis is and to what extent the potential recovery might be plays an important role in caregivers' accepting the circumstances. It has been concluded that psychoeducation regarding the disability situation will be important, for caregivers to set their expectations as of what the correct response might be, and for children to receive the correct treatment.

> *"As you know, I have two children. They both have disabilities. As they get older, in addition to their daily life struggles, it has become very difficult for us to take them out in a wheelchair. During these times, we did our best to maintain our mental health; we worked very hard for it. Maybe we succeeded, we don't know. Children are affected very much by our mental health, and it reflects directly (on them). If we are angry or upset or worried, it directly reflects on our children, and we do not want them to be in this situation. Because we want them to be uplifted and full of life. I always prioritize my children's problems because if the children's problems are solved, mine will be solved as well."* (37/W/IRN/İzmir)
>
> *"Before we came here, we were told that Türkiye is a very beautiful place, but we have not seen any of the beauties it has to offer. This is because our child's condition is all we can see. My child was not admitted to the school; he was not enrolled because of incontinence. We haven't been provided with diapers for the past year, and s/he has wounds on his/her feet. I see these problems all the time. I had something on my mind that, maybe in the future, I could save my child from here and provide my child with better living conditions. However, I am losing my child right before my eyes and I am a mother. How much can a person endure in such a life?"*(39/W/IRN/Ankara)

Asylum seekers express that this makes their already compelling life even more challenging with the following statements; "The foreigners like us who have sick children bottle up some struggles over time and then start to have problems." (39/W/IRN/İzmir) Mutual and continuous interaction regarding the negative mood in households with disability vulnerability makes it difficult to maintain the psychological well-being of all family members.

Asylum seekers with vulnerability of disability and who have a relative with this vulnerability have limited expectations for the improvement of their ongoing health problems and consider their future in the country of asylum as full of uncertainties. It has been identified that due to increased sensitivity to stimuli stemming from war trauma asylum seekers get stressed and their psychological well-being is affected even more adversely when they are exposed to loud noises, fights, animals or stimuli that evoke violence (such as gunfire).

> *"We have no idea of our future, neither of ourselves' nor our children's. We sometimes stay up all night, thinking what will happen to us?"* (45/W/AFG/Ankara)
>
> *"I live in a very difficult situation. "How do you live?", they say. I say "I go to bed stressed at night.". I am always stressed. I am afraid, especially of dark places and nights. I am afraid. I don't see many people during the day, especially Iranians. Because I feel threatened… This could be due to noise. Loud noise is frightening. The same goes for animals, fights and people shooting guns, too. Iran is a place full of problems and stress. The economy is also stressing."* (47/M/IRN/Konya)

It is considered that the difficulty in meeting basic needs, which is caused by financial difficulties, increases domestic conflicts by creating a feeling of obstruction and has an indirect negative impact on mental health. Another aspect discussed was that financial difficulties not only prevent asylum seekers from meeting basic needs but also lead to feelings of joylessness and frustration because they restrict them from doing activities that they will enjoy.

> *"In many families, the majority of these psychological problems, that are domestic violence or fights, are caused by people having poor financial means. There are people I know around me, most of the fights in the family are due to poor financial means."* (40/W/AFG/İzmir)
>
> *"How much money you make is also very important. You can have nothing without money. Who can you borrow money from, every day? We do not enjoy the life we live. We are always suffering; we are not happy at all. We don't do anything fun.*

We are just surviving. That's all." (45/M/AFG/Ankara)

It is stated that having caregivers/parents with disabilities can force family members under the age of 18 into child labor as a reflection of the difficulty in finding a job. As a consequence, it is seen that children and young people with parents who have financial difficulties and are subject to the vulnerability of disability may have to give up both their right to education and their dreams for the future.

> *"My son wants to be a football player, but how much money do we make? I need him to work as well. He needs to support us. It is not possible at all for him to read or study."* (45/M/AFG/Ankara)

The barriers to receiving psychological support for asylum seekers with disability vulnerability have been identified to be firstly the fear of being labeled as "insane" and the social biases. It is understood that the negative attitude to which the asylum seeker with disabilities who wants to receive psychological support is exposed to during such a quest leads to resistance. This resistance in turn tends to climb into a negative route which will further affect their psychological well-being, which is already deteriorated by the compelling lives caused by the existing vulnerability. It has been observed that the fear of being stigmatized and worries about the social bias in the asylum seeker community trigger the denial of the need for psychological support, leading to alienation and isolation from society.

> *"Even if the person speaking to me is a close friend, they should not tell me directly that I need to go to a doctor. Because then I would think, I would start to think; "Am I insane?". It would upset me to think whether or not I was sick."* (44/M/SYR/Samsun)

> *"My husband has not received any help from anyone so far. He has not received psychological support and refuses that he has a psychological problem. You need to go to the doctor. No matter how much I told him that 'You have a mental disorder, because you get angry at everything very quickly and try to break whatever is in your hand or around you', but he does not accept it. 'I have no such problem, you can go to a psychologist yourself if you want to so much.', he said. Recently, people around him have started to stay away from him because of his behavior, even his own brother."* (40/W/AFG/İzmir)

Another reason for the individual denial of the need for psychological support has been observed to be that ensuring psychological wellbeing is no longer a priority for some asylum seekers. This is particularly well defined for some individuals who hold the view that the problems encountered in life are too significant to be solved by a psychologist.

> *"We have so many problems in our lives that there is no need for a psychologist anymore; psychologists will do us no good. We went to so many doctors and hospitals for the children. I haven't gone to a hospital or doctor for myself even half the number of times I took my children to the hospital. So, we forget ourselves when we are tangled in these problems."* (37/M/IRN/İzmir)

It has been identified that when psychological support is received, and where psychopharmacologic treatment was needed, some asylum seekers with disabilities dislike the states of sleepiness and extreme calmness, which are the side effects of medicines, and they want to terminate the treatment to avoid these situations. As a result of the fact that a part of the asylum seekers with disability vulnerability have knowledge about the professional difference between psychologists and psychiatrists, it is seen that these people prefer to seek help from psychologists when they do not want to use medication. The participants state that the priority on the way to recovery/wellbeing for asylum seekers with disabilities in the process of receiving psychological support is sharing experience and knowledge, regardless of whether or not they want to seek medication treatment.

> *"He (my son) was not well, because we had fights at home, he felt bad and started to experience psychological problems. He was on medication as he went to a psychiatrist for this issue. He used to just lie in bed all day long when he took those drugs, doing nothing else. After a while, he didn't want to take the medicines anymore because he was uncomfortable with this situation. He didn't want to lie in bed all day."* (40/W/AFG/İzmir)

> *"I knew about these issues before I came here. It is true that people around me may think differently, but I have a different opinion about this issue. Psychologists and psychiatrists are very different from each other. Some people I know from Iran go to the doctor and just take medicines. They lie down all day long after taking the medicines. If a person has a psychological problem, you need to talk to that person. You can solve things only by talking, not by putting people to sleep with drugs. There are some people whose living conditions need to change in order for them to feel mentally relieved. Their living conditions need to change completely for them to get out of this situation."* (39/W/IRN/İzmir)

> *"When we first came (to Türkiye), I was not well at all. We had meetings with a psychologist. I didn't think it would be helpful at first, but after the meeting, I felt relieved and calm. I (also) saw that it helped. When we first came here, our situation was very desperate and critical. We had just arrived here; we didn't know anyone. When we talked with the psychologist, s/he would say; 'Tell me about your problems' and 'What kind of problems do you have?', they (psychologists) would, of course, talk to me. In time, s/he became someone I could talk to about my problems. We didn't have any friends because we had just arrived; we didn't know anyone, and s/he helped us throughout the process."* (37/W/IRN/İzmir)

It is understood that the psychological support provided for asylum seekers in non-governmental organizations facilitates betterment in psychological wellbeing through experience sharing and has a positive impact on the readjustment process of asylum seekers in the country of asylum.

When asked of their opinions about materials such as videos and leaflets that could be developed for MHPSS information, asylum seekers gave responses such as; "They should include important information about how to deal with problems..." (37/W/IRN/İzmir) and "If I knew that some problems in my life would be facilitated, and if I were taught how people would treat me, and if I could learn how to have a dialogue with people, it would be easier for me to go to a psychologist." (40/W/AFG/İzmir). Based on such responses, it has been concluded that asylum seekers with disabilities are in favor of the development of content regarding how to cope with negative experiences in their lives, how to observe vulnerabilities in interpersonal communication and how to ensure two-way communication. It is seen that providing accurate information is essential and that information distorted by the society may lead to prejudices about receiving psychological support. As for the platforms where the aforementioned materials will be shared, asylum seekers state that they can recommend seeking psychological support by disseminating information by word of mouth and that the use of online platforms may be recommended if there is no medium for communication.

> *"The videos should be convincing and they shouldn't intimidate people. Nobody watches if there is something worrying in the video. There could be a real place, for example, with a doctor and a patient or beneficiary. You could show these. I hear some things, I myself am afraid. They talk about electroshock, for instance."* (45/M/AFG/Ankara)
>
> *"If I am reaching out to you on my own and receive this kind of help, I could tell people around me about this, or you could post on Facebook that you provide such help and share it with people through a platform that is easily accessible by everybody."* (40/W/AFG/İzmir)

5.2.3.2.2. Results of the In-Depth Interviews Held with Asylum-Seekers Who Are Victims of Sexual and Gender-Based Violence (SGBV)

The in-depth interviews held with asylum seekers who are subject to SGBV vulnerability have revealed that the reasons for deteriorating the psychological wellbeing are domestic problems, not being accepted by the society, financial difficulties and uncertainty, feeling of despair, inconvenience of living conditions and difficulties encountered in the gender affirmation process.

> *"So, there are actually two obvious reasons that affect this; the first is the society. Society affects people; it causes these problems. The second is the social circle. A person's social circle is a major factor. I think these are the biggest reasons that affect people's mental health."* (40/W/SYR/Gaziantep)
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> *"This is due to uncertainty... For example, if I don't have a stable job, it leads to uncertainty and I will be confused about what to do when things are uncertain. Let's say that I work at a place; I go to and leave work at a (scheduled) time, so I know what to do. Therefore, I will be maintaining my mental health. It creates uncertainty when I work one day and not the other; so it has a major impact (on my mental health as well)."* (28/TM/IRQ/Samsun)
>
> *"I, for example, can't get along with my husband at all.We have two completely different mentalities. I wanted a divorce. Then I got divorced and it really affected me badly; I mean it affected my mental health negatively. I'm already on my own here, away from my family, in a foreign country."* (37/W/SYR/Adana)

It is considered that the lack of a regular income may have a negative impact on the psychological wellbeing of asylum seekers. The uncertainty created by the economic situation as well as the process in the asylum country are considered to be in close connection with mental health. It is observed that asylum seekers develop depression and introversion due to this uncertainty.

> *"I live in a dormitory and I just sit surrounded by four walls; I'm depressed; I can't do anything. I just want my file processed or an interview to be conducted. I don't have any goals (in life) because of uncertainty. I'm lonely and I'm telling you this."* (28/TM/IRQ/Samsun)

> *"You have problems here in terms of working. You go to work, you work, but the man does not pay you. ...You are left desperate. ...Which one of my problems should I find a solution to? It's all medication, medication, medication; for how long should I take medicines? I'm crying out loudly at home."* (45/W/AFG/Konya)

Individuals who are victims of SGBV stated that they expect support from their families and immediate circles and that they feel extremely excluded and their psychological wellbeing is adversely affected when this support is not provided. It is an important factor not to be exposed to discrimination on a social level, such as being accepted by the nuclear family. Participants stated that their psychological wellbeing would not improve unless the situation of being rejected/excluded resulting from social taboos and the misconceptions about receiving psychological support are corrected.

> *"There are too many reasons; one is family pressure and the others are social pressure and taboos. I think these are the most important. ... My family could not accept that I am intersex, a trans man; they could not get over the fact that I am like this."* (24/TM/IRN/Ankara)

> *"Everyone thinks that they are always going to be sleepy when they take the medicine. That's what I thought too. I was afraid that would happen. Secondly, everyone thinks that medicines are addictive. Thirdly, (they think that) everybody will call them insane after they go there -to the psychologist-."* (39/W/AFG/Konya)

> *"They will accept me as I am; this is how I am. This is what I wear, this is what I do (and) they will accept it. They will support me in finding a job and working, and they will also support me in having an education. They won't exclude me for being like this."* (28/TM/IRQ/Samsun)

Furthermore, it has been observed that the psychological wellbeing of asylum seekers with SGBV vulnerability is adversely affected when they cannot access basic rights such as education, shelter, employment and freedom of expression.

It has been stated that the gender affirmation process is lengthy because of the procedures in healthcare institutions, which has a negative impact on the mental health of transgender asylum seekers due to uncertainty and hopelessness.

> *"I get depressed because I get no results. I hope to get a positive answer, but I have no calls. The process is very slow, which affects me a lot. ... I don't know, I don't know what the doctors will say. I don't know if they will operate (gender affirmation surgery on me) or not. I have no idea about it, I can't make any comments. I am repeatedly calling the hospital, going to the hospital, checking whether the report is finished or not; I hear that it is not. since my gender affirming process is not concluded yet, it also affects my mental health."* (28/TM/IRQ/Samsun)

The main reasons why asylum seekers who are exposed to SGBV refrain from receiving psychological support have been identified to be personal prejudice against the benefits of receiving psychological support, fear of being treated in a judgmental manner by the interviewer, and negative experiences in institutions faced due to the language barrier. It has been concluded that psychological support is perceived as a temporary solution unless their living conditions are improved and they do not believe that it will provide any long-term benefits.

> *"I started talking. There were 2-3 people coming in (the interview room). S/he was talking both to them and me. Then, after getting information about my profession, age and all, I started to talk about what happened. S/he immediately asked me, 'Did they abuse or rape you?'. I said, 'Oh no, why would you think that?'. We were talking about two different things. I definitely took a dislike to all psychologists."* (53/W/SYR/Istanbul)

> *"No one will support me. That's what I thought, because no matter how much I talk about it, the truth (me being trans) will not change. ... The psychiatrist won't find me a job. I am a trans person; for example, if I work somewhere, (they will say) 'You are a trans person'. The psychiatrist will not solve this (exclusion). ... An interpreter from non-governmental organizations used to accompany me normally but then they started to provide support by phone (due to the pandemic). I used to get rejected when I asked the person I was interviewing with if an interpreter would assist me by phone because they were not able to come."* (28/TM/IRQ/Samsun)

Asylum seekers who continue to receive psychological support despite the aforementioned negative situations stated they are aware of somatic conditions and of the fact that one can receive psychological support for any situation where they feel bad and that they internalize the fact that seeking psychological support is not something to be ashamed of, in fact, it is helpful.

> *"... Everything is interconnected; every disease is a result of something. They (asylum seekers) need to know that our physical health depends on our mental health."* (27/W/SYR/Istanbul)

> *"I suffer from shortness of breath, I am always tired, and I feel as if I am carrying a heavy weight on my shoulders. I feel a constant presence of negative energy. I feel depressed and unmotivated. I feel like I'm drowning. I always have heart palpitations because of my thoughts. ... When you are depressed, angry, hopeless, you can talk to a psychiatrist or a psychologist without feeling ashamed, you can talk about your problems, it's not shameful. There is nothing to be ashamed of."* (28/TM/IRQ/Samsun)

It is seen that asylum seekers who are victims of SGBV prefer it as the last choice to share their problems through interviews to be conducted by phone, and as an alternative way, they suggest organizing groups where individuals with similar problems can meet to share their experiences.

> *"...You can (at least) call from time to time, and talk to refugees; this is very important to me. Call a certain person every day and talk to them, (ask them), 'How are you? How are you feeling?'. It feels so good."* (24/TM/IRN/Ankara)

> *"If (a person) has financial difficulties or shies away from the society, s/he can get support by calling and explaining his/her problems. ... I am suggesting a panel where a few people can sit down and talk; 'Let's say you had such a problem; how did you deal with it?', or I suggest (that you provide a medium for) sharing experiences. ... After listening to people's problems, I see (that) I am not the only one who is having problems, other people have problems, too. Everybody has a problem, troubles; it's not just me."* (28/TM/IRQ/Samsun)

It is considered that it would be beneficial to organize group sessions by bringing together individuals with similar experiences as a part of psychological support. It is concluded that this benefit manifests itself by providing a platform where people will realize that their problems are not unique to themselves and they can get rid of the feeling of loneliness by witnessing that there are people with similar problems/experiences.

5.2.3.2.3. Results of the In-depth Interviews Held with Single Parent Asylum Seekers

It has been concluded from the in-depth interviews held with single parent asylum seekers that factors such as migration, separation from loved ones, domestic conflicts, future anxiety and financial difficulties have a negative impact on psychological wellbeing. It has been revealed that psychological wellbeing is adversely affected by the asylum seeker's having dependent children, trying to assume both the role of a mother and a father simultaneously, and the continuity of negative conditions in life.

It is understood that the negative impact on the psychological wellbeing of single parent asylum seekers begins before they arrive in the country of asylum. Based on the statements of asylum seekers, it has been determined that the rights provided in the country of asylum, such as divorce and protection from violence, help them by providing protection from ongoing psychological, emotional, physical and economic violence. It is seen that, in addition to the domestic violence they are exposed to, although the family and immediate circle normalize such violence, asylum seeker women gain awareness that domestic violence cannot be normalized if they receive psychological support.

> *"In our society in Syria, for example, when a woman is betrayed or physically abused, she goes to court, gets divorced, and is asked to return to her family without being given what she is entitled to. Only after coming to Türkiye did we learn that there are associations, and non-governmental organizations like this. There are human rights. We started to learn and talk about these in time. When I was in Syria, 7-8 months or 9 months pregnant, when my husband inflicted physical violence, my family would not take me to the doctor; they would say, 'Go back to your husband's house' and 'It's a shame; you shouldn't tell anybody that your husband used physical violence on you'."* (33/W/SYR/Şanlıurfa)

> *"I suffered physical abuse from my husband many times before. My husband's relatives are refugees like me. When I talked to them, they would say, 'This is normal, he can hit you, he is your husband. Our children are all grown up, but we are still being beaten; it is completely fine.' But when I went to the psychologist, when I told him/her about this, when I said, 'He beats me, but I just sit and keep quiet', s/he said to me, 'He should never beat you.'"* (27/W/SYR/Istanbul)

The uncertainty of the future is considered to be a risk factor for single parent asylum seekers within the scope of mental health. It has been stated that the increase in basic needs such as nutrition and shelter affects the children's physical development and health and therefore may put pressure on single parents and affect their mental health as well. Additionally, it is seen that the inability of single parents with insufficient financial means to meet this basic need may bring about risky situations within the scope of security.

> *"We do not have a future. It is as if one day we will return to Syria, one day we will go to another country, and one day we will set out to travel. You know, these make us feel like we don't have a future."* (30/M/SYR/Istanbul)
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> *"We came here to go to a third country and start a life; we entered the country hoping to go to Europe. But we do not know where or how long we will stay in Türkiye; we do not know if we will stay or go."* (36/W/EGY/Samsun)
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> *"For example, we are struggling to get food, which is the most basic thing. I mean it's food, a decent meal. We are not getting proper nutrition. My children cannot receive nutrition."* (36/W/EGY/Samsun)
>
> *"It is not only racism but even only the fact that we migrated took its toll on our mental health. And now there is rent... They immediately yell at us when there is the slightest delay in rent, saying, 'You will leave the house'. My children can't find a job, they would work if they did, but they can't find a job."* (40/W/SYR/Adana)
>
> *"I lived in a small place there (referring to the district where she lives). The apartment was very small, about a meter or two, the ceiling was very low and was made of roof tiles. Cats would walk on the roof all the time, and I heard that thieves had broken into that house twice before I moved in. I was very scared. The house was in very poor condition. We were alone with my daughter. My daughter would stay up all night until 7:00 a.m. She would go to sleep after 7:00 in the morning."* (27/W/SYR/Istanbul)
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> *"My neighbour drinks alcohol all the time. After drinking, he takes out his gun and shoots, no one can pass (through the road/street). We are living on the first floor and we lie down on the ground when we hear the gunshot. For how long can we live like this? We have financial difficulties; I have responsibilities and I cannot take care of my children because I have poor financial means."* (36/W/EGY/Samsun)

The barriers to receiving psychological support for single parent asylum seekers have been identified to be the social prejudice, the fear of being labeled as "insane" and the worry of being judged by family members if they learned about the situation. It is observed that being labeled as "insane", the basis of which is found in the country of origin, is a barrier to receiving psychological support, regardless of age. In cases where such stigmatization is internalized, it is seen that the individuals feel the need to explain to themselves that "They are not insane" and comfort themselves when they need psychological support.

> *"I don't think the women here will come here much (to seek psychological help). Because our men certainly do not want women to be shrewd, enlightened or have a clear head. Because he always wants to command her. Even if the woman wants to come here, her husband will refuse and absolutely will not allow her to come."* (27/W/SYR/Istanbul)
>
> *"The reason is that in our society, I mean in the Middle East, they call everybody who gets psychiatric help insane. For instance, my child went to the hospital (in the country of origin) and the doctor referred him to the psychiatry department. After his/her friends at school found out (about the situation), they stopped talking to him/her. 'S/he is insane now', (they said), 'Let me get out of his/her way, let him/her sit down on his/her own.', they said; at least that's what they thought. This is because everyone who goes to the psychiatry department is defined as insane in our society."* (36/W/EGY/Samsun)
>
> *"Not everybody can accept this; they may think, 'I am not insane'; but every person knows that they have this problem (psychological problems). I will give a personal example; I had to get this support, because I have to hold on to life. Me and my daughter lived on our own, because nobody gives anybody anything for free today."* (32/W/SYR/Şanlıurfa)

It is seen that single parent asylum seekers resort to unhealthy coping strategies such as emotional suppression and introversion before receiving psychological support but engage in these behaviours less and find some sort of comfort after receiving such support. In cases where psychological support is received, it is concluded that the improvement in the participants' mental state is also reflected on their children and generally creates a state of psychological wellbeing in the household.

> *"I normally wouldn't tell anyone about myself, I wouldn't tell anyone what is inside my head. When I received psychological support, I was so relieved that I talked about all that, as if there used to be a fire inside me. That fire is out now."* (27/W/SYR/Istanbul)

> *"Yes, I found great comfort, I felt relieved while leaving to go home. This is even reflected in my children. If I am in a poor mental state, it also reflects on my children, but I really felt mentally relieved here, I got myself together, and as I said, this reflected on the children as well."* (40/M/SYR/Adana)

It has been concluded from the in-depth interviews held with single parent asylum seekers that receiving psychological support has had a positive impact on almost all asylum seekers in this group. The individuals have stated that they would receive psychological support for a longer period of time when there is a commitment to the confidentiality criteria in the interpretation support provided during the process of psychological support. Finally, it is understood that the main method they prefer is to talk about mental health and be guided by a mental health professional rather than discussing their problems with asylum seekers who have experienced similar processes with them.

> *"I think society should put aside its prejudices. Because when I have a problem, no one comes to share my problem. I think people in a bad mental state should definitely consult a psychologist. Because when you consult a psychologist, you get stronger, you learn how to cope, and this even reflects on your family."* (40/M/SYR/Adana)
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> "I suggest you go to a psychologist because the psychologist gives you very good examples and makes you feel that you have the right opinion and that you are on the right track. I would recommend this to many people, (I told them) that *your life will change, especially at home, and you will have better days with your children and I advise them to seek support."* (42/M/SYR/Şanlıurfa)
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> *"Let's assume that, when there is an interpreter, they will be a bridge in our conversation, a bridge to what I have to say. They tell the psychologist what I have to say, the things through which I will express myself, and they tell me what the psychologist has to say, and it comforts you. The fact that the principle of confidentiality is respected is reassuring."* (39/W/AFG/Konya)
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> *"The psychologist is the right person. When we go to the psychologist, we have someone who puts their own life aside and only pays attention to us, listens to us and guides us. But when we consult someone like us, they would actually make us worse. We need to find the right person."* (27/W/SYR/Istanbul)

Single parents demand that leaflets and videos be prepared and awareness-raising symposiums/sessions be organized for raising awareness on MHPSS. It is seen that it is essential that the leaflets include the contact information of the relevant institutions and people with regard to receiving psychological support. Recommendations of the asylum seekers regarding the content of the videos include the elements of raising awareness about mental health and social cohesion.

> *"There could be symposiums or sessions, so that people can be more knowledgeable about the fact that this is nothing to be ashamed of. ... There must be a psychiatrist, a psychologist present in the session. I wish there was a platform for discussion on issues such as factors affecting mental health, financial issues, living conditions, education; these all affect our mental state in a way. It would be nice if there were a session and people could sit and talk. ... There could be videos, for example, showing (asylum seeker) students' interaction with their friends at school, or with their siblings. These videos could explain how to behave in a foreign country, what and how to cope with, wh a Turkish citizen thinks about them, what to do when you hear something bad, and how to deal with an incident between Turkish and Syrian people."* (36//W/EGY/Samsun)
>
> *"...When they see those leaflets, (the asylum seekers) might say, 'Okay, I can go there, I can share this problem'."* (40/M/SYR/Adana)

5.2.3.2.4. Results of the In-depth Interviews Held with Asylum Seekers Who Are Victims of Torture

It has been concluded from the in-depth interviews held with torture victims that the fact that the asylum seekers only state war and financial difficulties as the reasons causing poor psychological well-being. In these terms, this group differs significantly from the participants in the other in-depth interviews, and that they prioritize survival and washing away the traces of the war as their main problem.

> "*As Syrians, the war affected (us) a lot. The reason that affects the mental state and health of Syrians may be that (the person) has been tortured; they may have experienced war or great loss, or may have had to flee from one place to another, or may have future anxiety; they may have lost their future."* (25/W/SYR/Gaziantep)
>
> *"One of the main reasons is the war in our country. We could have never imagined that we would witness such sights and violence in our lifetimes. People started to live fearing everything; planes, bombs... They have grown distrustful; they neither wanted (to go through) these nor escaped."* (36/M/SRY/Gaziantep)

It is seen that experiencing war conditions and being subjected to forced migration lead to insecurity and trauma in asylum seekers and adversely affect their psychological well-being. Even if they are away from war conditions, objects and noises that act as triggers cause them to relive the traumatic experience.

> *"How could anyone who witnesses the war, hands and feet exploded into pieces, torture, the dead, the bombs react? This could be introversion, living alone, detachment from life. ... When we first came here, we had nothing on our minds, we were afraid of the sound of airplanes and people were laughing at us. People here were saying, 'It is just the sound of airplanes, why are you hiding like that, why are you scared?'. They don't know, a plane means a bomb for us, it means the collapse of a whole building, it means mutilated bodies. They don't understand because they didn't experience them, we went through these."* (36/M/SYR/Gaziantep)

It is seen from the statements of the asylum seekers who are victims of torture that the asylum seekers in this vulnerability group prioritize their own health, but accept that financial difficulties can also have a negative impact on the mental health of individuals. In regard to receiving psychological support, it is understood that the main reason why asylum seekers who are in this vulnerability group initially shy away from receiving psychological support is the fear of being judged by the asylum-seeker community. It is also seen that asylum seekers are aware that the stigmatizing approach of the communities they belong to is wrong.

> *"It might be financial reasons, but I think (this is) the least of them. Because what is important here is our health and I think (it is) one of the biggest reasons.* (33/W/SYR/Gaziantep)
>
> *"Society can also affect it. Maybe this person is thinking, "What will their reaction be if they hear (that I received psychological support)?" 'What will they say about me?'. So, they may hide it and think 'I'm fine'."* (23/W/AFG/Konya)
>
> *"People are scared, they are afraid. They don't want to admit it to themselves, they don't want to accept it. I think they all have psychological problems, but they are afraid of being labeled as insane, I mean they do not come (to get help) because they are afraid that they will be labeled as mentally unstable, and they won't come, they are not convinced."* (36/M/SYR/Gaziantep)
>
> *"And this perception needs to go; 'A person who comes here is insane.' We need to get rid of this perception, we need to make sure of it. Because even children need psychological support (and) every person can need it. Whoever comes here is not insane, but life has affected them greatly and they need help. After feeling this comfort, they will want to keep coming anyway. ... Everybody is affected mentally by from the conditions and situations they have been through. I think everybody (should) admit and accept it. I, for one, admit it; yes, I experienced this, I felt psychological pressure. My sibling, my brother, experienced the same psychological pressure from my family and we both admitted to ourselves that we needed psychological support. Then we sought this support and started to receive it. I received it here; my brother lives in Germany and still continues to receive psychological support there."* (25/W/SYR/Gaziantep)

As a result of this individual awareness, it is seen that asylum seekers who are torture victims also develop an awareness that mental health and physical health are connected to each other.

> *"I was in a really bad condition for a while, I had fractures in my body. This affected me in a really bad way, both financially and mentally. At that time, I suffered from insomnia, I withdrew into myself, and even my facial expressions changed. I used to stay up all night and I was in a very bad mental state. ... Before I got support, I used to be very angry, I had no anger management, and I could not control myself. I loved being on my own. I had started my own life, I had nothing to do with anybody's business and I did not want anyone to interfere with mine. I had completely turned in on myself."* (36/M/SYR/Gaziantep)

It has been observed that the problems arising from the deterioration of mental health are alleviated after psychological support, and that feelings of distrust, nervousness and strain seem to be lessened. It was noted during the in-depth interviews that the two most significant factors that torture victim asylum seekers pay attention to in the process of receiving psychological support are the protection of confidentiality and the overcoming of the language barrier in order to express themselves correctly. It has been understood that the protection of confidentiality allows a feeling of trust, followed by a psychological comfort. Asylum seekers stated that this reinforces their will to continue receiving psychological support. It is understood that even though providing interpretation support in psychological interviews conducted with a mental health professional contributes to the process for the asylum seekers in this group, sharing experiences and feelings with a mental health professional who speaks a common language enhances the positive effects of the interviews.

> *"We started the interviews over the phone. When we first started, I started to trust the psychologist and felt comfortable. You were able to convey such comfort even over the phone; you made me feel comfortable. I could tell everything openly, I could trust you, I felt very comfortable during the interviews. Then this place opened – referring to the first period of the pandemic when face-to-face interviews could not be held in offices- and you invited me; I met you and we started to have face-to-face interviews and I felt more comfortable. There was no fear, I was not nervous, I trusted you completely. I feel really comfortable and I plan to continue (to receive psychological support); if I need it, I will ask you for it again in the future. I have better anger management, that's what I noticed; I noticed it myself. Like I told you, I used to get angry at trivial stuff; I think I am now more in control of my anger."* (25/W/SYR/Gaziantep)
>
> *"Confidentiality, above all, is the most important thing to me. Because here, confidentiality gives you that trust, if (a person) trusts this place and if they know that all their information is kept confidential, I think they will be willing (to receive psychological support). Once they feel comfortable, they themselves will want to continue anyway and they will keep coming."* (25/W/SYR/Gaziantep)
>
> *"No matter how accurately you translate, you cannot convey my tone of voice, you cannot convey my emotion. You may be able to translate completely accurately, but you cannot convey my feelings, you cannot convey what I feel. When me and (the psychologist) talked, I realized that s/he could feel how I felt and the interview was more productive, and I really felt more comfortable. This is why I think interpretation is a major factor."* (25/W/SYR/Gaziantep)

It has been understood from the following statements given by the torture victim asylum seekers in response to the questions on what types of content should be prepared for materials on raising awareness on MHPSS that describing harsh experiences such as war and torture, and expressing that they are in fact not at all normal experiences will have a healing effect on asylum seekers.

> *" ... This needs to be explained in the leaflet or the video. At this point, you consider death, bombs or fear normal because you went through the war. These are all normal. Yes, I went through these, but it's not normal to keep these bottled up. We need to explain these in the video, and they must be explained by someone knowledgeable, like a professor, and s/he needs to explain this. Let's say you have a phobia; you are afraid of heights; having someone with you at such height gives you strength."* (36/M/SYR/Gaziantep)

It has been concluded that the content of the videos and leaflets is expected to include relevant information for eliminating prejudices about receiving psychological support. In addition to the content of the materials aimed at raising awareness on MHPSS, it has been stated that online channels (such as social media) could be preferred as a communication platform as they are media where human interaction is low, the level of confidentiality is high and they are easily accessible for those who are likely to shy away.

> *"I think what psychological support is and its importance should be introduced here, just as I learned. It should be said that, 'Psychological support is not for the insane, it is not for people with diseases or disorders'. (This could be) a person who provides guidance, stands by you, supports you, shows you the way; it's somebody who better describes what is right and what is wrong. They need to know these; you need to disseminate this information."* (36/M/SYR/Gaziantep)
>
> *"You can reach them via social media, even an introverted person cannot stay away (from social media). You can broadcast it via the Internet or using another application."* (36/M/SYR/Gaziantep)

5.2.4. Results of the In-depth Interviews Held with Mental Health Professionals Specialized in the Field of MHPSS

As a result of the in-depth interviews held with mental health professionals, the following topics have been addressed in generals terms; (1) the reasons that adversely affect the mental health of asylum seekers, (2) the impacts of these reasons on vulnerable groups, (3) the ongoing activities carried out in the field of MHPSS, (4) what should be changed based on these activities, (5) how to inform the society as a whole as well as the asylum seekers in the field of mental health, (6) what asylum seeker communities can do in this process, (7) the impacts of the Covid-19 pandemic on mental health, and (8) in the light of these information, the ways in which the "Awareness Raising on Mental Health and Psychosocial Support for the Refugees Living in Türkiye Project" can be implemented to the best advantage. For the purposes of providing logically coherent analyses, the compilation of the opinions of mental health professionals' have been outlined as firstly the reasons that lead to psychological support, secondly the ongoing activities and finally what can be done with a focus on specific groups.

5.2.4.1. Mental Health Problems of the Asylum Seekers Living in Türkiye

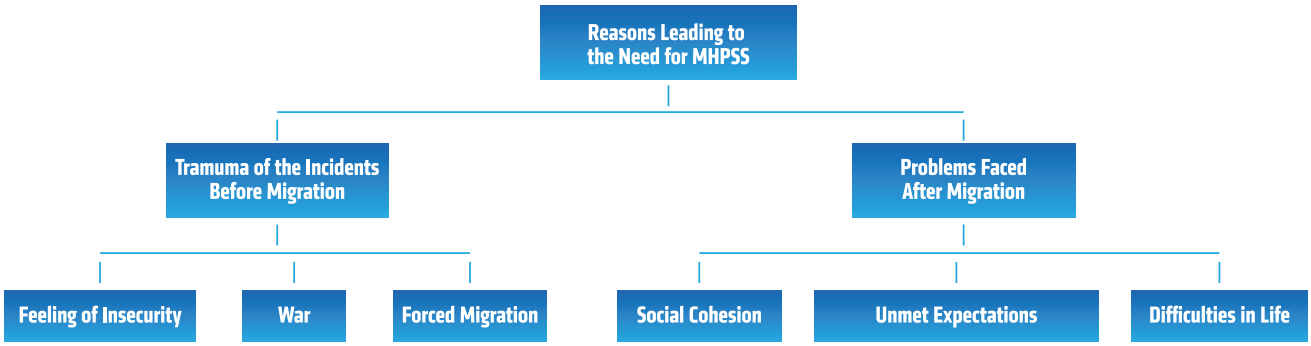

Figure 29: Reasons leading to the Need for MHPSS According to Mental Health Professionals Specialized in the Field of MHPSS

Mental health professionals' opinions suggest that the psychological support demands of asylum seekers who have migrated to Türkiye stem from two main sources. Based on the statement of, *"It's not about Türkiye, it's about the problems they had before."* (45/W), the first of these sources has been determined to be the trauma of the incidents prior to migration, that is, the scope of experiences that asylum seekers face before they reach the country of asylum. In line with this scope, the main topics of discussions have been determined to be war, feeling of insecurity and forced migration.

Based on, *"Many side effects, to a psychological and even psychiatric extent, have been observed after the war, including post-traumatic stress disorder."* (57/M), it has been observed that due to the nature of war, the countries from which asylum seekers come are in a constant state of conflict and this leads to an increasingly aggravated need for psychological support before, during and after the migration process. Although the extent of the need for psychological support in the country of origin is unknown, it has been stated that the conditions as we know them may pose a risk in terms of mental health. Forced migration is considered as one of the most important risk factors, and the main motivation is considered to be asylum seekers' instinct of survival by escaping from the environment of insecurity.

> *"After all, these people escaped from an area of conflict. ... Unfortunately, we can't know the living conditions and risks they faced before this area of conflict, so we do not know the additional risks they carried from there." (45/W)*
>
> *"... Although they seem to come from normal conditions, none of these conditions are normal as we know it. ...One night, you come home from work as usual, you go to bed; then your door is broken down by five masked men at night, they rape your wife, they kill your child; they think you are injured or dead and run away; and you have to leave there." (67/W)*

Asylum seekers, who are already affected by the extraordinary situations they are living in at the moment, may experience problems in social cohesion in the host country in the event that they migrate. It has been observed within the scope of the in-depth interviews held with mental health professionals specialized in the field of MHPSS that social cohesion problems *"that are experienced by the first generations, in particular, in parallel to shortages in life"* (47/M) are faced to the greatest extent by asylum seekers who first arrive in the country and that they are mitigated in time but never remedied completely in asylum seekers who have settled in the country. Furthermore, it has been stated that asylum seekers are affected by social cohesion problems along with other problems in the post-migration process.

> *"... Post-migration stressors (and) difficulties exacerbate the impacts of depression and anxiety, such that; these impacts can sometimes even outweigh the effects of war trauma and manifest themselves more as depression and anxiety. ... Of course, we can also experience post-traumatic stress disorder ongoing now and then. ... This also applies to adults."* (43/W)

Problems related to social cohesion have manifested themselves in an observable situation most of the time, and it has been determined that "even people who have been placed in high-prosperity with a refugee status have common problems" (47/M). It has been stated that social cohesion will have the greatest impact on the next generations among the generations that have migrated in terms of cultural integration. The reason for this situation is considered to be the lack of sense of identity and the sense of belonging in the social cohesion processes in the country of migration for individuals in the developmental age, and the fact that these will create a basis for more severe mental health problems in the second and third generations

of asylum seekers. The difficulties in life, which are intertwined with the social cohesion problem, and the fact that the living conditions in the host country do not meet the expectations of the asylum seekers when they arrive, lead to the continuation of the problems experienced after migration. Although these problems do not seem directly related to mental health, their description as social determinants of health indicates that they have a significant impact on psychological wellbeing. Among the social determinants of health, the issue stressed the most by mental health professionals has been financial difficulties.

> *"... The risk of suicide is very low in the first generations and it will inevitably increase from the second and third generations onwards. Because while the first generations will have a high level of sense of identity, belonging and troubles in life, the second generations will be unsupervised."* (47/M)
>
> *"You know, many factors, from income level, and living conditions to feeling safe, are actually related to health; they are related to wellbeing, so any vulnerabilities related to these naturally affect a person's mental health."* (57/M)
>
> *"... People have problems earning income. This leads to mobility, many of them do not even have to be in the province where they are registered. ... They have to move to other provinces to earn income, which brings about additional difficulties. Because the system actually dictates that these people live where they are registered, and some of the benefits funded by the system are built on this idea. These may include benefiting from healthcare services or medication, and so on, but when you change provinces, and in most cases without a permit, you actually become an unregistered person somewhat in the other province or place you go to."* (57/M)

5.2.4.2. What Should Be Changed?

As regards the steps that can be taken for solving the mental health problems of asylum seekers, it is understood that the dilemma experienced in the intervention should be clarified in the first place. It is generally considered that if a mental disorder can be diagnosed by means of an approach which prioritizes identification of the problem and then intervention, a sound treatment can be planned based on this. However, in a phenomenon such as migration, which has multilayered and profuse psychological effects, belonging to both prior to and after, the most effective interventions that might help tackle the problem, would be towards maintaining/improving mental health whilst not disregarding interventions relating to meeting the needs of food, shelter, and security, and provision of social security and employment. These factors tend to be often ignored within the scope of generic psychological interventions, but should not be overlooked while working in the field of migration. To sum up, it is suggested that the interventions provided to asylum seekers groups should not be based directly on trauma treatment but should rather prioritize assessing and meeting the needs in a step by step manner.

> *"First of all, should we follow a trauma-based intervention for the mental health of these people? Or is an intervention that will improve their life skills a better option? There are studies supporting both, and here is a clear distinction between them: If a diagnosis can be made for a patient who has been traumatized to a level that will impair functionality, the individual can of course be treated for trauma. But in all other cases, it is necessary to change our perspective and develop studies focusing on where they live, how they live, what they eat and drink, whether they can access services, or what their mainstays are."* (47/M)
>
> *"We cannot make this work without considering the social determinants of mental health. So, what are the social determinants of mental health? Without the financial means, education, social resources, and the sense of justice, you can just apply the best treatment all you want (but) what and how much will you achieve? How long will you be able to provide it? It should be considered as a whole, efforts for individual therapy are not enough in certain cases."* (43/W)

Mental health professionals have stated that it is important for MHPSS-based works to be long-term and continuous. Moreover and most importantly, these professionals emphasize that the mental health support in this group should include skills development, and that there are shortcomings in this regard. It is understood that if the asylum seeker, who has started to receive psychological support, cannot continue to receive the support because of the short-term planning of the support due to the limited duration of the project, they will have a distrust in receiving psychological help. Time constraints, lack of workforce in the field of mental health and the very high number of asylum seekers who need psychological help are considered to be critical components in the field of mental health. It has been stated that one of the factors that leads to time constraints is that most of the projects providing psychological support focus on the number of persons as the project indicator and objective.

> *"Works carried out with both mental health professionals and asylum seekers are aimed at not developing skills but raising awareness; but they are short-term... (You) leave there just as people start to internalize it and you actually start to raise awareness, because there is not enough time, there is no time, no workforce, there are too many people." (47/M)*

> *"... Withdrawing that support can cause greater trauma in the long term. ... The unsustainable support you provide for that one year or six years may also discourage people from seeking other help."* (45/W)

The mental health professionals state that the barriers to accessing psychological support manifest themselves to a greater extent, particularly in psychotic patients. It is considered that, while the mental health professionals working in non-governmental organizations are sufficient in number, and have professional competence and experience; asylum seekers in disadvantageous groups have difficulties in accessing mental health services during the rendering of services in the general context, in which the processes of psychosocial and psychological support are not structured in a manner to include every person, every condition and every situation.

> *"...There are now more daily traumas rather than migration and war. I think psychotic patients are the biggest problem. There is no mechanism in the middle, they cannot reach mental health professionals. A doctor who interviews the beneficiary suggests he/she go to a psychiatrist, but there is no plan on how that person will get an appointment from the hospital or how they will apply. (However), I do not think that (institutions) lack in psychosocial support. They have a high number of staff members, who are well-equipped."* (51/W)

The mental health professionals have stated that breaking down the prejudice between asylum seekers and the host community with regard to social cohesion will be effective in reducing the psychological problems that asylum seekers may encounter after migration. It has been concluded that both asylum seekers and the host community seem to have the assumption that the other party is the so-called privileged group, which not only causes harm to social cohesion but also creates additional difficulties in terms of livelihood and employment, and in turn affects the psychological wellbeing of asylum seekers. The mental health professionals have pointed out the importance of eliminating mutual prejudices between the asylum seeker and host communities as a step under the interventions for psychological health in order to eliminate the impacts of attitudes that harm social cohesion on mental health.

> *"As the tourism season has started, we have recently been seeing news showing Syrians swimming in a beach in Istanbul. ... They think they are doing them a favour. ... It wouldn't make the news if there had been a crowd of Turkish nationals there. Even if it did, the headline would be 'The beaches are all brightened up.' Now, s/he and I watch this news, just as a person who has never met a Syrian or Iraqi person in their life watches it too. ... These are breaking points. After a while, when this person (the asylum seeker) goes (to) look for a job, they will be told, 'We thought you were going to the beach?'"* (47/M)
>
> *"Let's say I'm an asylum seeker or refugee; if my neighbour sees me and says, 'Ugh, too bad she came here', whatever you do, no matter how much money you spend, no matter where the money comes from, all your interventions will be in vain unless you slightly tone down that prejudice."* (67/W)

The problems in accessing psychological support have been identified to be the language barrier, fear of being stigmatized, lack of competent mental health professionals especially for child asylum seekers, interpretations being performed by family members during psychological interviews when needed, and difficulties for asylum seekers with disabilities in accessing psychological services. As regards asylum seekers with disabilities, mental health professionals predict that physical difficulties can be overcome by telephone or online means of communication via effective utilization of technology, and the limitations to which asylum seekers with disabilities are subject to in terms of psychological support can be reduced if the necessary logistic support (internet and electronic appliances) is provided.

> *"Among those who need services, a very low percentage can have access. People do not want to seek services for fear of being stigmatized. It was already not common to seek help in the field of mental health in Syrian culture during the pre-war period. The biggest problem encountered while providing services is the means of transmitting information and the fact that this work is conducted through interpreters. Family members or children should never be utilized as interpreters."* (43/W)
>
> *"I don't think there is sufficient capacity in terms of delivery of services as well, because the number of child psychiatrists per population is far below the average. ... The number of mental health professionals in regions where refugees are densely populated is even less... The services offered to people with disabilities are very limited and inadequate. ... In order to overcome these problems, it is necessary to develop a policy and strategy in this area, to identify needs and to raise awareness."* (57/M)

5.2.4.3. What Can Be Done About "Raising Public Awareness" and "Explaining This Concept in a Way That Everyone Can Understand" in the Field of Mental Health?

During the in-depth interviews held with the mental health professionals, the main steps to raising public awareness and explaining the concept in a way that can be understood by everyone have been discussed. The common denominators of the responses were identified as, Studying how the groups perceive mental health, Providing trainings in line with the outputs thereof at community and individual levels, Breaking down prejudices towards receiving psychological support, Overcoming the language barrier and Reaching asylum seekers via proper use of technology.

It has been emphasized that it is important to carry out activities aimed at assessing how asylum seekers perceive mental health before doing any work in the field of mental health for achieving more solution-oriented and permanent outputs.

> *"Each of these groups (and) communities have very different perceptions of mental health. Now the difficulty here is due to the changing needs of the population… There are many such differences in this population as well… I think it is necessary to assess first 'how they perceive it', and then 'what is needed'; it will reveal itself. I think it will be the time to prepare these materials after that."* (45/W)

It is understood that asylum seekers of different nationalities, cultures, genders and vulnerabilities living in Türkiye interpret the concept of mental health differently from each other, and these interpretations vary according to the problems they face and have to overcome in life. As one of the most striking reasons for this difference in perception, mental health professionals draw attention to the difference in the spoken language. It has been stated that while conveying emotions related to mental health, asylum seekers express their feelings and thoughts with the words of their choice specific to their own language, but since this transmission and details can be lost during interpretation, this may adversely affect the mutual information sharing and trust building processes. As pointed out by the mental health professionals in the statement of, *"Using the word 'distress' according to the culture (is important). For example, we say, 'I have a heavy feeling on my chest', but the Syrians call it "an apprehension"."* (43/W), one solution expressed has been *"Using fewer terms; sharing information in layman's terms."* (43/W) instead of using the language patterns in the native language of the mental health professional in order to facilitate mutual communication in this process. The differences in the perception of mental health of asylum seekers, which is due to being in different age groups, determining what kind of methods will be effective for which age group and what kind of information will be provided are deemed important.

It is seen that an initial discourse that includes the issues that relate to the children of the adult asylum seekers, and focus on their children's as well as the family's future can be an incentive to initiate a positive attitude towards the concept of psychological support. The fact that this will both directly contribute to the psychological wellbeing of adult asylum seekers and indirectly contribute to the mental health of their children by improving their parents' mental health is considered to be important.

> *"We noticed during the works conducted with the Syrians that they consider it important when told that, '(This) will be good for the children'. Statements such as "Your (psychological) wellbeing will also benefit your children" may be helpful. … If we talk about how the psychological support of the individual will reflect on their family, we can increase the participation rate a little more." (43/W)*
>
> *"... We should use a language, such as '(Here) we teach methods that will improve your wellbeing and help you with your troubles.'"* (41/W)

It is stated that it would be more efficient to determine the content and target audiences of the trainings that can be organized to raise awareness about mental health after the assessment of the perception of mental health. **It is understood that when people who are seen as having a say in the family and the community in communitarian cultures are provided with training, the society as a whole can be informed more quickly and effectively about mental health and psychological support.** As concluded from the statement of, *"It is sometimes their mothers, fathers, friends, partners who play the role of the psychologist, but we do not want any situation that requires treatment to be overlooked."* (47/M), and as also stated by the asylum seekers themselves during the FGDs and in-depth interviews held with asylum seekers, it is observed that mental professional also are of the opinion that asylum seekers' confiding in people they see close to themselves in the community contributes positively to their psychological wellbeing. However, it is underlined that it should not be overlooked that sharing with relatives will not be sufficient in cases requiring treatment. It is argued by mental health professionals that mental health trainings to be provided to parent asylum seekers will not only provide benefits at the individual level, but also have a positive effect on the mental health of child asylum seekers, who will be affected by their parents secondarily.

> *"(Asylum seekers' cultures) are communitarian cultures. In communitarian cultures, people are in frequent contact with each other, but there are hierarchies functioning vertically. It seems like a very good point to provide training to competent people who can have a say in the family. …There are people like clans, opinion leaders, religious leaders within the groups and they have a particularly significant impact on the society."* (47/M)
>
> *"I would attach great importance to training the parents. Because schooled groups will now be able to access information independently from their parents. They will receive information like our children, but parents will have a very serious role in terms of guardianship. That is, not raising the child with concerns or not just considering their physiological and livelihood needs. We can protect this child also with minor (psychological) interventions (by raising awareness of the parents)."* (47/M)

The most important point within the scope of improving the efficiency of these trainings and the positive impacts on the target audience **is considered to be approaching mental health together with physical health as a whole and thus eliminating prejudices about psychological support.**

> *"We need to accept that what we call mental health has physical, psychological and social dimensions, try to understand it in all its dimensions, and compensate for the shortcomings in each dimension. Therefore, if mental health can be considered as a whole and not in such a dilemma suggesting "This is normal and this is abnormal", we can break down these prejudices of both asylum seekers and our people. S/he is Afghan; s/he is Iranian, s/he is this, s/he is that; s/he is Turkish… Just like our LGBT works, our focus will be on people first, then on these labels."* (67/W)

Other points that mental health professionals recommended following are as follows; (1) raising awareness of the interviewers who are first to get in contact with the asylum seeker about mental health and ways of getting psychological support, (2) psychologists' or other mental health professionals' in the field of mental health appearing in the media from time to time, and emphasizing that it is normal and common to have mental health problems or to seek help in this regard, (3) providing awareness-raising trainings on mental health in schools, (4) ensuring sharing of experience by bringing together asylum seekers who have received psychological help and had a positive experience with individuals who have not received psychological help in their own communities, and (5) sharing short videos (not exceeding fifteen minutes) through online platforms that raise awareness on mental health and the support available.

5.2.4.4. The Impact of the Covid-19 Pandemic Period on Mental Health

The Covid-19 pandemic has emerged as an important crisis affecting the whole world. **In addition to the negative impact of the pandemic on psychological wellbeing, it is considered that the increase in anti-asylum seeker sentiments along with the increasing financial difficulties, the decrease in social support, and the restrictions in accessing accurate information and services may aggravate the severity and increase the frequency of existing mental health problems.**

Considering low socioeconomic level to be the most chronic problem for asylum seekers, mental health professionals emphasize that this situation has led to feelings of stress, anxiety and insecurity with the Covid-19 pandemic. It is stated that asylum seekers who do not have access to regular income are faced with a significant source of stress at the individual and household levels due to their unmet basic needs. In addition to the negative impact individually experienced of not being able to have access to regular income, asylum seekers are exposed to greater stressors during the pandemic period due to the negative approach of the host community brought on by the decrease in sources of income during the Covid-19 process. Taken all together, it is possible to suggest that the mental health of asylum seekers is affected more adversely during the pandemic process as a result of the intense feelings of stress, anxiety and hopelessness experienced. It is also concluded that the pandemic has adversely affected the mental health of not only the adult asylum seekers but also the children asylum seekers as they have been deprived of opportunities for socialization, and there has been an interruption in social cohesion.

> *"The biggest problem in Türkiye is still the low socioeconomic level. Income is money anyway; these people cannot meet their basic needs. From a psychological perspective, we consider basic needs such as shelter, nutrition, sleeping in a safe place (but) we also go a little beyond; what is beyond? 'Do I feel safe? Do I feel secure about my future? Does my family feel safe?' When we look at it that way, we are talking about a burden that is very difficult to carry. I am thinking (from the perspective of asylum seekers); 'I am already disadvantaged; I cannot meet my basic needs; we are in crowded groups most of the time; I feel responsible for my family members and elders'. By the way, the little ones also feel helpless."* (47/M)
>
> *"During this period, the psychological wellbeing of asylum seekers, in particular, was adversely affected by the mentality of blaming foreigners, hostility, attacking newcomers and looking for someone to blame, which was caused by the* decrease in resources." (41/W)
>
> *"As an impact of Covid-19, school-age children may need to meet with their peers since they have been away from social settings. Because there was already marginalization, now there is separation. Many have forgotten the language. What will happen when we get together again?"* (51/W)
>
> *"Especially, the fact that children were deprived of education affected them all in this period."* (47/M)

The mental health professionals express their concern about the aggravation of the language barrier and the negative situations that may arise in the integration of out-of-school children into society. According to the mental health professionals, the fact that the support of the social circle, which provides a small compensation for the livelihood problems exacerbated by Covid-19, was restricted under the pandemic conditions within the framework of concerns about public health added to the state of solitude for asylum seekers. Mental health professionals stress that a person needs social support due to human nature, regardless of the elements of the culture, personal preferences and personality traits. It is understood that not being able to socialize affects the psychological

wellbeing negatively and it is also recommended that interpersonal communication be continued on the condition of meeting the criteria required by health measures. The reason why this is encouraged is because of the regressions in the psychological wellbeing of the people who had previously recovered and completed the psychological support process, and the aggravation of existing symptoms due to the challenging conditions of the Covid-19 pandemic.

> *"Even if we are brought up very individually... Whether we are Syrian or Italian or American, social support is everything to us in difficult times; but what I mean is to go and have a cup of tea at the village coffee house, to have contact with somebody, even if it is one single person... Even if social support is not your top priority, regardless of whether you are culturally introverted, Turkish or not, being able to establish social bonds has become the number one need. And Covid-19 has taken any such chance to zero. ... But we tell them to continue this communication (even if it is) with a few people in accordance with mask-distancing rules."* (67/W)
>
> *"... Many people we had helped with anxiety and depression disorders came back saying, 'What should I do now, doctor?'"* (67/W)
>
> *"... Anxiety disorders are probably encountered more; again probably, there are now more cases of depression and many more common disorders, especially health anxiety. OCD groups also probably suffer more from cleaning obsession, contamination obsessions and compulsions for cleaning."* (45/W)

Stating that the negative impacts of Covid-19 have brought about problems not only for those receiving psychological support, but also for those providing support, mental health professionals emphasize that the most significant setback has been the difficulty in providing accurate information to asylum seekers. It has been concluded as a result of the in-depth interviews held with the mental health professionals that the number of asylum seekers that can be reached for the purposes of providing psychological support is also limited, and that under Covid-19 conditions, information and services reach only those who have access to communication tools. Mental health professionals are of the opinion that access to communication tools was also limited during the Covid-19 vaccination period.

> *"Either way, we were only able to reach people who had access to smart devices, searched about it and were educated enough to fill out these (study surveys). And we observed the impacts of this (pandemic) on that group, but when I look at the works performed, (none of them) has been able to reach accurate information."* (45/W)
>
> *"There was a study shared two months ago. (Asylum seekers) were not able to reach accurate information, which also affected their use of services; for example, their vaccination rates were low. Why? Perhaps because they did not receive any accurate information about vaccination."* (45/W)

An increase has been observed in the supply for almost every need in all service areas such as healthcare, social services and education during the Covid-19 period. Furthermore, mental health professionals have stated that asylum seekers with psychiatric disorders may have been deprived of the treatment they need. In ongoing psychological treatments that require continuity, the transition of face-to-face meetings to the online platform due to Covid-19 measures has also reduced the rate of seeking support.

> *"These groups (persons with disabilities) felt – the impact of Covid-19 –more than other groups. They could not attend their special trainings, they could not go out, they had difficulty in reaching certain things because the family had a lower income level."* (57/M)
>
> *"I think their already pressing needs have gotten more serious. This can be in the field of education, or healthcare and social work. You can think of (the areas of) epilepsy, schizophrenia, and bipolar disorder. They were not able to access services even for these areas. Social isolation was already their biggest problem; there is now greater social isolation. ... From where they received services the most? From non-governmental organizations. Many of them have begun to reduce the number of their face-to-face services in one way or another. So, it is necessary -to have the relevant equipment in the house- even if there is only one smart device or internet access in a family."* (45/W)

5.2.4.5. Vulnerable Groups (SGBV Victims, Women, Persons with Disabilities, Children)

It has been revealed as a result of the in-depth interviews held with mental health professionals that the vulnerable groups are the asylum seekers with psychotic disorders who started a psychiatric treatment process in the country of origin, women, children and asylum seekers with disabilities. It is observed that the functionality of these individuals is impaired and the individual and the family are forced into a situation of vulnerability for the reason that the asylum seekers who were using medication in the country of origin but haven't been able to access the medication they used or their generics after coming to the country of asylum, and that it is not possible to follow up on psychological support and use of medication due to change of the psychiatrist.

> *"There is also a group that is very likely to be overlooked, and that is the groups who started treatment and whose psychiatric treatment is ongoing. They cannot access medicines with different trade names in Türkiye. Those medicines may not be available in the countries they come to, and it is not always possible for psychiatrists to follow up on them regularly. Impairment of the functionality of people with chronic and especially psychotic disorders causes harm to the family (as well)." (47/M)*

As regards LGBTI+ asylum seekers, based upon the statements of the mental health professionals of, "The same goes for LGBTI+. Since they are already excluded in cultural terms, they also need (psychological support) very much and when they want to receive support, it is very difficult for them (to access it) because they do not want to be visible." (43/W), it is considered that access to psychological support is insufficient despite the increase in the need for psychological support of this group. Additionally, expressing that the concept of vulnerability varies according to the countries of origin of asylum seekers, mental health professionals have stated that it is important to determine a focus vulnerable group in works carried out to include different groups with vulnerabilities and, in the meantime, to study the profiles of asylum seekers who came to the country on the basis of risk assessment questions on subjects such as who came from where and why.

> *"Of course, LGBTI+ groups are always prioritized. Sometimes women's groups have been prioritized, in different cases. Because from where the person has migrated and how it happened is also very important. The Afghan group coming from Iran has a different problem, while those coming from Syria have a different one. ... Now, of course, the West identifies a very diverse group at risk: LGBTI+, women, single women, unaccompanied children, etc. I know all of them; we also carry out several works with a specific focus on each of them. (But) instead of saying, "We have cases of three risky groups; let's divide our funds into three", we need to observe the field and focus more on the main group in need."*(67/W)

It is seen that women asylum seekers are not only exposed to a cultural restriction in their access to institutions that can provide psychological support but also are unable to apply to legal processes for divorce, custody and all forms of violence due to privacy concerns. The mental health professionals have stated that in such cases, women asylum seekers are open to gender-based violence.

> *"They have a communitarian culture that is very similar to ours; there are 20 people living in an apartment. How would this work? In many cases there is no privacy anyway, and if I were a woman there, where would I go, in a foreign country?"* (47/M)

While another situation that leads to vulnerability is disability, it has been emphasized that mental and physical disabilities can bring on different vulnerabilities. At this point, it has been stated that most of the works carried out with asylum seekers with disabilities are developed for persons with physical disabilities and there are relatively fewer works in the field involving groups with mental disabilities. The need for the development of policies for asylum seekers' with disabilities access to rehabilitation services has been expressed as follows: "The bus has no ramp; the person needs to get on the pavement (but) there is no place to move through with his/her chair. There is no Braille alphabet where it is necessary for the visually impaired to handle their daily work outside the home on their own. While this is the case for the local people, the situation is more of a nightmare for someone who has come to Türkiye in a disadvantageous situation. Therefore, we need to make interventions on more of a macro scale by considering the disadvantages of groups with specific needs." (47/M). The mental health professionals have also expressed that there is a need for producing solutions that will include everyone for the purposes of ensuring the equal inclusion of the host and guest communities.

> *"We think that children with mental disabilities are a group often ignored. In the field, you see that the works carried out are mostly for persons with physical disabilities, just as the rehabilitation works are also carried out for them. We can say that this group is actually a group that has been ignored in Türkiye or has not taken its turn yet in Türkiye. This is because the number of people working in the field of mental health or disability or mental disability is not very high. But (children with mental disabilities) are a group completely forgotten within the refugee group, the Syrian group under Temporary Protection. We tried to study this group. We visited the families of the children who were diagnosed with mental disability, whose diagnosis was approved or reported one way or another, and learned what services they received. We aimed to identify the gap in services this way. We saw that there is a significant gap in services. Our goal here is more to provide data on policy development, service development and planning. In fact, in general, there are not many studies of an appropriate sampling size to reflect the needs of this group. I think maybe we can put that on our agenda."* (45/W)

6. DISCUSSION AND SUGGESTIONS

6.1. The Identified Needs of Asylum Seeker Communities in the Field of Mental Health and the Importance of Reflecting These Needs in the Future Studies

Within the scope of the research conducted, it is seen that the situations that are observed to be experienced by the majority of asylum seekers relate to the initial stages of psychological problems, rather than those that require psychiatric diagnosis and intensive care. These symptoms can be listed as: interruptions in daily activities, difficulty in maintaining daily life activities, loss of work, sleep-related problems, deterioration in relations with the immediate social environment etc. **It has been observed that there is a need for future studies that would encourage these communities to engage in help-seeking behaviors when these symptoms are experienced. Emphasizing preventive studies and activities in the field of mental health is considered to be vital in supporting these groups, who have experienced challenging life events, in coping with stress.**

In this context, the assessments regarding the coping strategies that asylum seekers resort to when they experience mental health problems suggest that they sometimes try to cope with the problem on their own (by listening to music, spending time alone, praying, going out, being active, etc.), and sometimes try to get support from their social environment (sharing their problems with someone they trust, talking to and spending time with relatives, elders and neighbours, etc.). The decision regarding whether to seek psychological support seems to depend on firstly, the severity and type of the problem, and secondly the opinions of themselves and their social circle on receiving psychological support. It has been observed that the strategy of coping with mental health problems by means of seeking psychological support seems to be a last resort by the asylum seekers. Asylum seekers are hesitant to seek psychological support for the main reasons of the fear of being labeled as "insane", shying away, feeling ashamed, and distrust for the service provided. For all these reasons, **it is considered that the first step to eliminating this barrier for mental health professionals and institutions that provide psychological support services is to talk to these communities about the principle of confidentiality with emphasis during psychological interventions. Another point is that, during the interventions conducted in the field, it becomes possible for the participants to access the information about confidentiality. However, it could only be after they manage to access the interventions. It should be taken into consideration in the future studies that the group that cannot or has not accessed the service may have such information to a lesser extent. Therefore, the scope of confidentiality in psychological interviews should be included as basic information that should be brought to the communities in all awareness-raising activities.** Another important point that should be taken into consideration by mental health professionals is the asylum seekers' fear of being labeled as insane and the fear of exclusion during such interventions. The prejudices against receiving psychological support among the asylum seekers also include fears that the mental health professionals themselves will act with prejudice against them and will label them as insane. In terms of mental health services to be carried out with the asylum seeker communities, there is a need for models including awareness-raising and psycho-education that address the fear of being stigmatized along with the reflection of social prejudices on the individual.

Quantitative analysis results indicate that asylum seekers who have not received mental health services themselves or who have no relatives that received such services are less aware of all categories of difficulties, including physical, cognitive, social and emotional. In parallel, these groups use less functional coping strategies and resort to dysfunctional coping strategies more frequently. The results of the qualitative analysis also indicate that among the asylum seekers, those who have gone through/are undergoing a psychological support process, or have at least one person in their social circle who has gone through/is undergoing the same, are aware that receiving psychological support contributes significantly to their wellbeing compared to those who have never received any such support. Based on this data, it is observed that when the barriers to consulting a mental health professional in the field of mental health are somehow overcome, the asylum seekers **can easily make the inference that this process is beneficial for them. It is seen that receiving psychological support and/or witnessing the experiences of someone who has received psychological support creates awareness about the importance of receiving psychological support as much as awareness-raising activities. For this reason, it is important that preventive and protective studies carried out in the field to focus on eliminating the barriers to receiving psychological support.**

The results of both the qualitative and quantitative analyses of this study suggest that the barriers to receiving support are as follows:

- Financial barriers (inability to access money)

- Persons who don't have time because they work (inability to find time)

- Not being able to go out because there are young and dependent children at home

- Obligation of having an interpreter present in the interviews

- Prejudices that may develop against themselves: from neighbours, acquaintances, in the family (the fear of being perceived as insane, being excluded, and of "what people might say')

- Shying away, feeling ashamed

- Distrust of the service provided; confidentiality

- Believing that this will have a negative impact on their International Protection file process or the length of their stay in Türkiye

It will be valuable to address these issues in future studies and research. Studies conducted with people who lived in the camps at the beginning of the migration process have identified the reasons preventing access to mental health services to be concerned over privacy and negative opinions about the therapeutic relationship between the doctor and the patient [25]. It has been revealed within the scope of this needs assessment that in addition to the abovementioned findings, **factors such as the extension of the asylum seekers' stay in the country they migrated to, the inability to meet their basic needs, and the long-term difficulties in the social lives of individuals create strong barriers against seeking mental health services.**

This study also aimed to understand the type of model needed to assess the awareness of asylum seekers about mental health as well as to provide psychological support. The concept of "community mobilization", which is also mentioned in the Guidelines on Mental Health and Psychosocial Support in Emergency Settings drawn up by the Inter-Agency Standing Committee (IASC) [26], involves the inclusion of community members in discussions, decisions and activities that may have an impact on the community. **It has been observed repeatedly that people who participate more in such processes can be more hopeful, successful and active individuals both in their own lives and in the construction of their communities. It has been observed within the scope of this needs assessment that in addition to individual interventions, asylum seekers demand groups to be organized with people with similar lives and experiences. The results of this analysis show these groups prefer to share each other's experiences, problems and coping strategies; they have a positive hope that a participatory group setting would contribute to their wellbeing.** In order to be able to cover the needs of the communities served, addressing this demand for future studies is considered to be important. **Another matter that should be addressed is that of different groups of vulnerability. That is, 'awareness-raising activities to be carried out for different vulnerability groups about mental health' should take into account the differentiating needs and problems of asylum seekers with different vulnerabilities and different problems. Asylum seekers who have been exposed to war and exclusion, and those who are vulnerable due to disabilities have stated that they need social awareness-raising activities more. Meanwhile, asylum seekers experiencing financial difficulties, victims of domestic violence and single parents have stated that informative materials such as videos and leaflets are more beneficial for them.** It is important to design studies and activities to take into account the needs of people with different vulnerabilities and different problems for the purposes of ensuring the inclusion of all persons with specific needs in these awareness-raising activities.

6.2. Ensuring the Inclusion of Certain Age and Vulnerability Groups in the Studies

6.2.1. Following an Approach That is Appropriate for the Stages of Development in Childhood

During the activities conducted with children in the age group of 9-11 within the scope of this needs assessment, it has been identified that children are able to comprehend that mental health and physical health are connected

to each other, that they tend to cope with challenging situations and conditions by means of doing activities where they can have fun, that they are open to speaking with a professional when their own coping strategies are inadequate, and that they are aware that psychological support is not only limited to talking to the psychologist and medication treatment can also be provided when necessary. These findings indicate that starting from this age group, it is possible to create basic awareness in children on mental health and psychological support. Therefore, conducting basic awareness-raising activities on the concept and services of mental health for children from all age groups yields beneficial results. In addition to these, it should be considered that there is a need for structured activities that include more distinctive and detailed information, keeping in mind that there are groups who have an already established awareness. It is suggested that the content planning while conducting awareness-raising activities that are appropriate for age groups be carried out as follows; to support development, to be play-based and emotion-oriented, and to strengthen parent-child interaction during the preschool stage; to support adaptation, to relate to peer support and cooperation with schools, while addressing peer-bullying during school-age stage; and to be within the framework of topics such as leadership roles, thematic groups, future anxieties, role models and digital literacy during the adolescence.

6.2.2. Assessment of the Needs in the Scope of Demographic Features

Asylum seekers have stated that one of the most important reasons leading to the need for psychological support is having a social circle with a negative attitude towards receiving such support. Being in such a social circle can act as a stressor all by itself and have an adverse impact on mental health. The qualitative interviews held with asylum seekers within the scope of this needs assessment show that it is essential to raise asylum seeker communities' awareness on MHPSS issues. Another point considered to be significant is that men should be included in such MHPSS awareness-raising activities, especially in the communities where the members have extreme traditional or patriarchal sentiments. Quantitative research results indicate that women's awareness of cognitive, social, emotional and general difficulties caused by mental health problems and their overall knowledge of mental health is greater than men's. Within the scope of this needs assessment, although importance was attached to the participation of adult men in the project activities by organizing mixed groups of men and women, it has been observed that most of the asylum seeker men contacted were not able to participate in the activity carried out during working hours, as they were working to earn a living. It has also been concluded to be important to reach adolescent boys within the scope of the project in order to eliminate prejudices and the negative approach towards MHPSS, and to replace the misconceptions with accurate information in future generations. For this purpose, awareness-raising sessions were conducted on mental health by organizing special groups for adolescent boys and men between the ages of 15-21. **In future studies and projects, it is considered that it is important to include adult men in MHPSS-focused sessions, activities and groups by making the planning accessible outside of working hours.**

It is observed that with increasing age, the asylum seekers use dysfunctional coping strategies less and have increased awareness of physical difficulty. In this context, placing importance on young adults in awareness-raising activities becomes essential. It is observed that the rate of attending school after high school is low, especially among the asylum seeker youth. For this reason, it is predicted that it will be more difficult to identify the mental health needs of the relevant group. In addition to the findings, the results of the study show that as the education level of the asylum seekers rises, they have more accurate knowledge of mental health and have increased awareness of the social difficulties, which is an indicator of mental health problems. It is considered important to include young adults who do not benefit from education opportunities in awareness-raising activities, as an implicit group.

6.2.3. Groups with Specific Needs and Their Mental Health Needs

Within the scope of the research, it has been observed that the asylum seekers who have persons with disabilities in their families constitute a separate vulnerability group. It is observed that there is a need for future studies to target the psychological wellbeing of this group. The mental health of the caregivers affects the mental health of the persons with disabilities under their duty of care, and the mental health of the persons with disabilities affects the mental health of the caregivers, which leads to a vicious circle. Therefore, it is critical to plan interventions that will cover both ends of the equation in the conducted studies.

As stated by the mental health professionals who participated in the research, it is noticeable that the primary impacts of the war on the mental health of asylum seekers are gradually diminishing and are replaced by the conditions in the

country of asylum. **Unless solutions are produced for unmet basic needs, financial difficulties, future anxiety and chronic health problems, it is anticipated that these factors will continue to have a negative impact on the mental health of asylum seekers. Therefore, on the condition of maintaining the focus on MHPSS, it will be encouraging to see studies and activities with contents structured according to the identified age and vulnerability, taking into account the varying needs for adults, adolescents and children separately, as well as considering the barriers expressed throughout this report.**

6.3. Issues Which Might be Useful to Consider During the Planning of the Studies

During the in-depth interviews held with the asylum seekers, it has been observed that the asylum seekers are unaware of the fact that the service they received in the country of asylum was a mental health service. Instead, they were observed to be considering the meetings with the psychologist merely as a place for conversation and finding comfort by talking, where the information they share will be kept confidential. For this reason, it has been found that the asylum seekers initially gave answers "stating that they did not receive such service before" in response to the questions posed to determine whether they received mental health services before. However, as the in-depth interviews progressed, it has been discovered that they received such a service but were not aware that their interviews with the psychologist are considered within this scope. Therefore, in cases where it was discovered that the asylum seekers had received mental health services, the in-depth interviewer has taken care to return to the questions previously asked and made further clarifications to the answers given earlier. Asylum seeker communities experience major difficulties in accessing basic needs. It is considered that planning the services provided to the community in question in a way to ensure that they include the layer of psychological support adds significantly to the wellbeing and protection of these communities. On the other hand, the fact that asylum seeker communities have less awareness of the scope and types of services provided in the field should be taken into account in the studies and activities to be carried out in the field of Mental Health. It is considered necessary to take this problem into account during the development of the measurement and evaluation materials, and to plan awareness-raising events and activities to address these issues, in future studies.

Although the questions asked to the asylum seekers were about mental health, it has been observed that the majority of the participants have conveyed their general problems related to their access (or lack of access) to services that arise from being an asylum seeker, rather than providing answers within the framework of mental health. It is considered that the information provided is important in terms of understanding the general needs of asylum seekers and establishing their connection with mental health. However, this situation causes difficulties in obtaining the information intended to be measured in the field of mental health in certain cases. For all these reasons, it is considered that it would be useful to take the following points into account in the studies planned to be conducted with asylum seekers:

- Also taking into account the language barrier, it is important that the content of the materials be structured in a clear and uncomplicated manner (i.e. without terminology). Within this context, it is important that the content be in the native languages of the asylum seekers, and the translations be made by interpreters who are knowledgeable and attentive over potential vulnerabilities in mental health issues of the asylum seekers.

- Planning the one-on-one interviews to have structured or semi-structured content with the necessary infrastructure about the needs, vulnerabilities and problems of asylum seekers will facilitate the process of obtaining information. It is observed that focus group discussions with a focus on awareness raising and providing information as well as structured psycho-social support activities also facilitate obtaining information from this target group.

- Additionally, it is important that the interviewers assigned to ask the relevant questions are chosen among persons who are aware of the problems of the asylum seekers, and their concerns, and who have competent knowledge on the interview techniques required in drawing target groups' attention to the point that is being studied.

Furthermore, taking into account the fact that the refugees and asylum seekers consist of highly vulnerable individuals, and relating to the "Principle of Do No Harm",

- During the preparation and implementation of the contents, maximum attention should be paid to eliminating psychological triggers that may ensue stress and discomfort in persons of concern.

- It is of utmost importance to take cultural and local sensitivities into account.

- In future studies and activities, having knowledge on the necessary referral mechanisms on protection, health, education and psychological needs prior to designing the study or activity and making the relevant planning carefully should be one of the most important steps within the scope of protecting and maintaining the wellbeing of the participants.

In this needs assessment study, people who already have access to the services provided by national and international NGOs and public institutions have been reached. This study has been conducted with asylum seekers living in metropolitan and urban settlements, where access to services related to mental support is relatively easier. Therefore, it is considered that there is a need to perform a needs assessment study for rural and/or unregistered groups in the future.

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RESOURCES

1- https://www.goc.gov.tr/gecici-koruma5638

2- https://www.unhcr.org/news/briefing/2013/4/517a58af9/unhcr-report-shows-health-services-syrian-refugees-increasingly-overstretched.html

3- Hijazi, Z., & Weissbecker, I. (2015). Syria crisis: addressing regional mental health needs and gaps in the context of the Syria Crisis. International Medical Corps: Washington.

4- Kim, I., Keovisai, M., Kim, W., Richards-Desai, S., & Yalim, A. C. (2019). Trauma, discrimination, and psychological distress across Vietnamese refugees and immigrants: a life course perspective. Community mental health journal, 55(3), 385-393.

5- Jefee-Bahloul, H., Moustafa, M. K., Shebl, F. M., & Barkil-Oteo, A. (2014). Pilot assessment and survey of Syrian refugees' psychological stress and openness to referral for telepsychiatry (PASSPORT Study). Telemedicine and e-Health, 20(10), 977-979.

6- Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. Jama, 294(5), 602-612.

7- Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: a systematic literature review. BMC international health and human rights, 15(1), 1-41.

8- Mental Health Is for Crazy People": Perceptions and Barriers to Mental Health Service Use among Refugees from Burma W Kim, AC Yalim, I Kim Community mental health journal 57 (5), 965-972).

9- https://www.wfp.org/publications/multi-sectoral-rapid-needs-assessment-covid-19-jordan (Erişim: 28.09.2020)

10- https://www.iom.int/sites/g/files/tmzbdl486/files/documents/mhpss-covid-19-guidance-toolkit-v3-en.pdf

11- https://www.psikiyatri.org.tr/TPDData/Uploads/files/DuygudurumCOVID-16042020.pdf

1 2- https://www.psikiyatri.org.tr/TPDData/Uploads/files/SizofreniCOVID-20052020.pdf

13- https://www.psikolog.org.tr/en/groups/travma-afet-ve-kriz-birimi-66425

14- https://sbu.saglik.gov.tr/Ekutuphane/Yayin/541

15- https://www.afad.gov.tr/kurumlar/afad.gov.tr/17947/xfiles/syrian-refugees-in-turkey-2013_baski_30_12_2013_tr_1_.pdf

16- https://www.afad.gov.tr/kurumlar/afad.gov.tr/17935/xfiles/afad-suriye-kdn_eng_1_.pdf

17- Fuhr, D.C., Acarturk, C., Uygun, E. et al. Pathways towards scaling up Problem Management Plus in Turkey: a theory of change workshop. Confl Health 14, 22 (2020). https://doi.org/10.1186/s13031-020-00278-w

18- 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. 2018;206(1):40–5. https://doi. org/10.1097/NMD.0000000000000693

19- Alpak G, Unal A, Bulbul F, Sagaltici E, Bez Y, Altindag A, 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. https://doi.org/10.3109/13651501. 2014.961930 Epub 2014 Oct 6.

20- Buz S (2008) Türkiye'deki Sığınmacıların Sosyal Profili. Polis Bilimleri Dergisi, 10(4): 114.

21- Çeri, V, 2018, Psychiatric Conditions of Refugee Children in Turkey, 10th International Psychopharmacology Congress & 6th International Child and Adolescent Psychopharmacology Symposium, 2018, Antalya

22- WHO. Health services for Syrian refugees in Turkey Copenhagen: WHO; [Available from: http://www.euro.who.int/en/health-topics/emergencies/syria-crisis-health-response-from-turkey/health-services-for-syrian-refugees-in-turkey

23- The Impacts of Contextual Factors on Psychosocial Wellbeing of Syrian Refugees: Findings from Turkey and the United States AC Yalim Journal of Social Service Research

26- Inter-Agency Standing Committee (IASC) (2007). IASC Acil Durumlarda Ruh Sağlığı ve Psikolojik Destek Kılavuzu. Cenevre: IASC

ANNEX 1: SURVEY QUESTIONS

CATEGORY	ITEM NO	QUESTION	ANSWERS	
Questions assessing cognitive difficulties	*20.7*	They may feel like they are mentally dysfunctional	Yes	No
	20.8	They start to forget everything	Yes	No
	20.15	They constantly fear that someone will hurt them	Yes	No
	20.18	They begin to think that life is meaningless	Yes	No
	20.21	They don't feel like doing anything	Yes	No
Questions assessing physical difficulties	*20.1*	They start to have problems in physical health	Yes	No
	20.11	They can't sleep or they sleep too much	Yes	No
	20.13	They fail to continue to work or do household chores	Yes	No
	20.14	They stop going out	Yes	No
	20.17	They have difficulty taking a bath or changing clothes	Yes	No
	20.19	They are less active	Yes	No
Questions assessing psychological difficulties	*20.9*	They can get very angry with everyone	Yes	No
	20.10	They may think they are insane	Yes	No
	20.12	They don't feel sorry for not caring	Yes	No
	20.16	They don't want to do what they used to enjoy	Yes	No
	20.20	They have lower or excessive energy	Yes	No
Questions assessing social difficultiessorular	*20.2*	Their life is not affected by it	Yes	No
	20.3	They may lose their job	Yes	No
	20.4	They begin to experience setbacks in daily life	Yes	No
	20.5	Their relationship with their immediate circle deteriorates	Yes	No
	20.6	They have difficulty maintaining daily life	Yes	No

CATEGORY	ITEM NO	QUESTIONS	ANSWERS		
Functional Coping Strategies	*21.2*	I pray	Never	Sometimes	Always
	21.4	I go to the doctor	Never	Sometimes	Always
	21.5	I talk to people I know	Never	Sometimes	Always
	21.8	I start going out more; I am probably less active but I move	Never	Sometimes	Always
	21.9	I talk to someone I trust about my problems	Never	Sometimes	Always
	21.12	I seek psychological support	Never	Sometimes	Always
Dysfunctional Coping Strategies	*21.1*	I wait, it will pass naturally	Never	Sometimes	Always
	21.3	It's in the past; I don't think about it	Never	Sometimes	Always
	21.6	I talk to a religious official	Never	Sometimes	Always
	21.7	I sleep	Never	Sometimes	Always
	21.10	I use alcohol or other substances to relax	Never	Sometimes	Always
	21.11	I start to eat more	Never	Sometimes	Always

CATEGORY	ITEM NO	QUESTION	ANSWERS	
General Knowledge on Mental Health	22.1	Mental health problems lead to greater loss of jobs than physical health problems	True	False
	22.2	Most of the mental health problems could be treated with proper treatment	True	False
	22.3	When mental health problems are left untreated, they may lead to lifelong problems	True	False
	22.4	I think that persons who receive mental health service are insane	True	False
	22.5	When mental health problems are left untreated, they will not only make persons' own lives difficult, but also the lives of those around them	True	False
	22.6	Mental health is not as important as physical health	True	False
	22.7	Mental health services are too expensive; I wouldn't be able to access them even if I wanted to	True	False
	22.8	Mental health and physical health cannot be considered separately from one another	True	False
	22.9	The greatest cause of mental health problems is financial difficulties	True	False
	22.10	Persons with mental health problems cannot be cured	True	False
	22.11	You should not talk to persons with mental health problems; they should be left alone and to themselves	True	False
	22.12	Persons with mental health problems must not get married; if they do, their children will experience the same problems	True	False
	22.13	Mental health problems are only seen in adults	True	False
	22.14	It's normal for a 6-year-old child not to talk	True	False
	22.15	If my child constantly wants to be by my side because she/he is too scared, this means she/he is spoiled	True	False
	22.16	Punishing and embarrassing a child who has bedwetting problems will not resolve her/his problem	True	False
	22.17	If a child is mentally impaired, she/he does not need to receive education	True	False
	22.6	Mental health is not as important as physical health	True	False

CATEGORY	ITEM NO	QUESTION	ANSWERS		
Questions that measure the impacts of Covid-19 on mental health	23.1	I feel I'm under too much stress because of the pandemic	Yes	A little	No
	23.2	The possibility of transmitting the virus to myself or to my loved ones scares me	Yes	A little	No
	23.3	I can't concentrate on daily tasks because of the pandemic	Yes	A little	No
	23.4	I'm experiencing sleep-related problems because of the pandemic	Yes	A little	No
	23.5	I feel too desperate because of the pandemic	Yes	A little	No
	23.6	I feel too tense and intolerant because of the pandemic	Yes	A little	No
	23.7	I feel too tired and exhausted because of the pandemic	Yes	A little	No
	23.8	I'm having difficulty making plans about the future because of the pandemic	Yes	A little	No