

Türkiye’de Zorunlu Yerinden Edilme ve Akıl Sağlığı Çalışmalarında Metodolojik Sorunlar

A. Tamer Aker^a, Esra Işık^b

Öz

Türk akıl sağlığı uzmanları, son yirmi yılda uzun vadeli iki büyük zorunlu yerinden edilme olayının yönetimi konusunda pratik ve metodolojik zorluklarla karşılaştılar. Bu olaylardan birincisi dâhiliydi ve kendi ülkesinde yerinden edilenlerle (internally displaced persons ([IDPs]) yani Türkiye’deki Kürt nüfusla ilişkiliydi. İkincisi ise hariciydi ve 2011 yılından bu yana Suriye’den gelen mülteci hareketiyle ilişkiliydi. Zorunlu yerinden edilmenin sadece politik, hukuki ve sosyoekonomik sonuçları olmadığını, bunun yanında beden sağlığı ve psikolojik sağlık üzerinde olumsuz etkileri de bulunduğu dikkate alındığında zorunlu göçe maruz kalanların akıl sağlıkları üzerine araştırma yapmanın ne kadar hayati bir konu olduğu ve teşvik edilmesi gerektiği görülür. Bununla birlikte yerinden edilmiş kitlenin akıl sağlığı durumunu değerlendirmek, tartışmasız bir iş değildir. Sözü edilen her iki yerinden edilme olayının yönetiminin, araştırmacılara ve doğrudan müdahale alanında çalışan uzmanlara yönelik zorlukları ve karmaşık boyutları bulunmaktadır. Bu makalede, Türk akıl sağlığı uzmanlarının hem Türkiye’de yerinden edilmiş Kürt nüfusla hem de Suriyeli mültecilerle çalışırken karşılaştıkları metodolojik zorluklar ve güçlükler tartışılmıştır.

Anahtar Kelimeler

Akıl sağlığı • Zorunlu yerinden edilme • Suriyeliler • Türkiye • Metodoloji

a (✉) A. Tamer Aker (Prof. Dr.), İstanbul Bilgi Üniversitesi, Travma ve Afet Çalışmaları Uygulamalı Ruh Sağlığı Programı, Dolapdere Kampüsü, Hacıahmet Mahallesi Pir Hüsametin Sokak No: 20, Beyoğlu 34440 İstanbul. Eposta: ataker@hotmail.com
b Esra Işık (Doktor aday), Kocaeli Üniversitesi Ruhsal Travma ve Afet Çalışmaları Birimi, Kocaeli. Eposta: esraisik15@gmail.com

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Methodological Challenges in the Study of Forced Displacement and Mental Health in Turkey

A. Tamer Aker^a, Esra Isik^b

Abstract

Turkish mental health professionals have faced practical and methodological challenges regarding two major long-term forced displacement management issues over the past two decades. The first one of these issues is internal and relates to internally displaced persons (IDPs), which, in this case, refers to the Kurdish population in Turkey. The second is external and refers to the incoming movement of refugees from Syria since 2011. Considering how forced displacement carries not only political, legal, and socio-economic ramifications, but also negative physical and psychological health effects, research on the mental health of forced migrants is a vital issue that needs to be addressed. Yet, assessing the mental health condition of displaced populations is not an unequivocal task. Both of the aforementioned displacement management issues have their own complexities that present difficulties to researchers and to those working on direct intervention. In this paper, we discuss these complexities and the methodological challenges that Turkish mental health professionals have faced regarding both the Kurdish IDPs in Turkey and the incoming Syrian refugees.

Keywords

Mental health • Forced displacement • Syrians • Turkey • Methodology

a (✉) A. Tamer Aker (MD, MPH), Department of Trauma and Disaster Mental Health, Istanbul Bilgi University, Dolapdere, Istanbul 34400 Turkey. Email: ataker@hotmail.com

b Esra Isik (MA), Kocaeli University IHS Center for Trauma and Disaster Mental Health Studies. Email: esraisik15@gmail.com

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Turkish mental health professionals have faced practical and methodological challenges regarding two major long-term forced displacement management issues within the past two decades. The first of these is *internal* and relates to internal displaced persons (IDPs), which, in this case, refers to the Kurdish population in Turkey. The second is *external* and refers to the incoming movement of refugees from Syria since 2011. For mental health professionals (MHPs), both movements present their own difficulties leading to peculiar research and intervention problems.

Forced migration or displacement is often composed of complex systems of migratory movements characterized by an escape from persecution, conflict, or repression, as well as from environmental, chemical, or nuclear disasters (see Fiddian-Qasmiyeh, Loescher, Long, & Sigona, 2014; Triandafyllidou, 2015). The concept of forced displacement is often classified based on whether the displacement involves border crossings or whether it is contained within a single country's sovereign borders. Accordingly, while forced migrants crossing international borders are called asylum seekers or refugees, those who do not are called internal displaced persons (IDPs). However, forced migrants who have crossed international borders may not always be called refugees, since the word "refugee" implies a specific legal status. The Turkish authorities, for example, do not acknowledge Syrians as "refugees," refer to them instead as "temporary guests." The reason for this is because Turkey is one of the few signatories of the United Nations Convention referring to the Status of Refugees also known as the Geneva Convention, that still maintains a geographical limitation where only refugees coming from Europe can be given legal asylum status. Still, it is important to distinguish that an asylum seeker is a person who seeks status as a refugee, but whose claim for refugee status has not yet been assessed (Philips, 2013).

According to a 2014 UN estimate, almost 60 million people in the world are displaced. Amongst them are 38.2 million IDPs, 19.5 million refugees, and 1.8 million asylum seekers (UNHCR, 2015a). Because of its location, Turkey plays a crucial role in this refugee regime. Its territory forms an integral body over which interlocking migratory routes between Europe, Asia, the Middle East, and North Africa traverse. For this very reason, Turkey has a complex and multifaceted history of both immigration and emigration (Chemin & Gokalp-Aras, 2017). Since the Ottoman Empire (Chatty, 2010), Turkey has been a country of immigration. In the aftermath of the establishment of the new Republic in 1923, Turkey witnessed the mass forced emigration of hundreds of thousands of individuals particularly between the 1960s and the 1970s when Turkish citizens migrated to Western European countries, particularly West Germany. As a result of the Gulf Wars, Turkey has also come to be known as a transit country to the European Union for irregular migrants from such Asian countries as Afghanistan, Bangladesh, Iraq, Iran, and Pakistan throughout the 1990s (Chemin & Gokalp-Aras, 2017; Sahin-Mencutek & Gokalp-Aras, 2015).

According to the data from the Directorate General of Migration Management of Turkey ([Türkiye Cumhuriyet İçişleri Bakanlığı Göç İdaresi Genel Müdürlüğü \[DGMM\], 2016](#)), from 1923 to 2002, more than 1.6 million people immigrated to Turkey, mostly from countries of the Former Yugoslav Republic of Macedonia and from Iraq.

More recently, Turkey has faced two major and different types of displacement challenges. The first one relates to the internal displacement of mainly the Kurdish people from the east and southeast regions of Turkey. The second refers to the external displacement, that is to say, the cross-border migration of Syrians into Turkey following the beginning of the Syrian War in April 2011. Since then, the sheer scale and violence of the Syrian conflict has forced 2,728,986 Syrians to migrate ([UNHCR, 2016](#)) – “more than any other nation in the world and all European countries combined” ([Chemin & Gokalp-Aras, 2017, p. 1](#)).

These two displacement movements have their own specific characteristics that engender particular methodological challenges, especially for scholars concerned with mental health issues. Not only does forced displacement carry political, legal, and socio-economic ramifications, but it also affects the physical and psychological well-being of individuals. Both internal and cross-border displacement will thus be discussed in light of these methodological challenges as well as physical and mental health issues.

Studies of IDPs and Forced Migration in Turkey Concerning Mental Health Issues

As early as the 1990s, we find that several studies have concentrated on the mental health of IDPs in Turkey, in particular the provinces of Van, Diyarbakır, and Istanbul. One of these studies ([Kara, 1997](#)) dealt with the prevalence of mental illnesses among the individuals forced to migrate for security reasons from the villages and hamlets of Van to the provincial center. Of those who participated in the study, 30% were diagnosed with depression, 15% with panic disorders, and 19% with somatization disorders. The study relates the number of these findings to various factors, such as that the IDPs were living in an environment where their lives are under constant threat. Most of them had lost their jobs, their economic conditions had deteriorated, their community life had disintegrated, and they were living in inadequate conditions whilst losing their community support system. It was observed that the IDPs living in an environment of doubt, despair, and repressed anger had developed distrustful, reticent, and introverted behavioral patterns against a background of depression ([Kara, 1997](#)).

Another study by [Karali and Yuksel \(1997\)](#) looked at forced migration and torture. It studied 31 respondents, which the authors divided into two groups: 1) those who

had been forced to migrate from southeastern Anatolia, and 2) those who had been politically active and based in Istanbul. Their findings showed that those IDPs having been subjected to torture were more prone to develop psychological problems. Such symptoms as lack of concentration, feelings of uneasiness, irritation and continuous, albeit involuntary, painful flashbacks were observed in 70% of the participants.

A larger study by [Sir, Bayram, and Özkan \(1998\)](#) was conducted in Diyarbakır. Interviews were held with 100 people who had been forced to migrate from the districts of Diyarbakır to the provincial center. The study also interviewed 80 people who were not migrants. Following these interviews, 66% of those studied were diagnosed with Post-traumatic Stress Disorder (PTSD) (see also [Cetrez & DeMarinis, 2017](#); [Chemin, 2017](#)).

[Aker, Ayata, Özeren, Buran, and Bay \(2002\)](#) carried out another study in Istanbul where they compared groups of people who had been subjected to torture, people who had been subjected both to torture and internal displacement, people who had only suffered internal displacement, and others who had not been subjected to either of these events. The purpose of this study was to better understand the psychiatric consequences of internal displacement and the potential degrees of traumatization. The majority of participants in this study consisted of young, single Kurdish men with low levels of education and income. According to Aker et al.'s findings, depression and PTSD were the most commonly observed disorders among participants. However, the most crucial aspect of their findings was the fact that those subject to internal displacement had a higher tendency of developing mental illness, and if people subjected to torture had also suffered internal displacement, the rate of psychopathology increased accordingly. Moreover, traumatic events suffered during displacement increased the frequency of psychopathology. To examine these findings more comprehensively, it will be useful to mention reactions to personal loss and the resultant mourning behavior. The loss of a place of settlement, as much as the loss of a loved one, can shape psychopathology and cause depressive symptoms. However, in the case of IDPs, it is difficult to observe the stages of shock, denial, negotiation, and acceptance clearly, all of which constitute the processes of mourning. People generally undergo a stage of intense denial shaped by anger. What is noteworthy is that in the case of IDPs, the anger is generally directed at the state, the government, and the authorities.

There are also gender-related and cultural aspects to this, as traumatic stress can be expressed in different ways by men and women. Somatization, for example, is a particularly evident phenomenon among "eastern" cultures in Turkey and it is particularly common among women. Many women have difficulty expressing the problems they encounter, leading them to somatize them, such as by developing neck

pain, headaches, backaches, gastrointestinal complaints, and thus expressing stress through their bodies (Aker, Çelik, Kurban, Ünalán, & Yüksek, 2005).

At times, people may have developed somatization symptoms prior to internal displacement. In such cases, internal displacement may aggravate their antecedent problems. Moreover, internal displacement can cause despair and a serious loss of control. Given this evidence, it is clear that there is a need for diagnostic approaches other than PTSD in the conceptualization of psychiatric problems related to internal displacement (Aker et al., 2005).

Zübeyit and Bayraktar (2008) compared the life satisfaction, self-esteem, and social support networks of adolescents that had migrated to those that had not. They divided the sample into the following groups: adolescents who had not migrated and were living in an urban area (in this case İzmir, a city located in the southwest region of Turkey), adolescents from two small towns, adolescents living in villages in the region of Mardin (an ancient city located in the southeast region of Turkey), adolescents who had migrated to İzmir from villages around Mardin, and adolescents who had migrated to the towns from nearby villages. The sample included 305 adolescents between the ages of 12 and 15 years, 152 men and 153 women.

The life satisfaction and self-esteem scores of the adolescents who had migrated to İzmir were lower than those of the adolescents who had not migrated. Differing from the other groups, adolescents living in İzmir had more friends in their social support networks. There were no age or gender differences between life satisfaction, self-esteem, and social support network scores. Nor were there any differences of acculturation levels of the adolescents who had migrated. While life satisfaction scores of the adolescents who had attended school were higher, the acculturation level of those adolescents working full-time was lower than their other counterparts. In addition, the acculturation level of those adolescents who had migrated but also wanted to return to where they had come from was lower. The acculturation level of those adolescents who had migrated to nearby towns was higher than that of those who had migrated to a remote city. The authors hence concluded that migration to a remote settlement appears to have a negative impact on the psychological well-being of the adolescents who migrate.

A study by Ataman (2008) aimed to investigate the prevalence of Post-traumatic Stress Disorder (PTSD) among adults who were living in the Diyarbakir (the largest city in the southeast region of Turkey) city center. 708 participants were included in the study, of which 47.9% were found to have experienced a traumatic life experience. The most prevalent of these cases consisted of forced displacement and having witnessed murder or injury. The prevalence of lifelong and current PTSD was found to be 34.9% and 15.1%, respectively. It was concluded that the prevalence of traumatic experiences

and the subsequent development of PTSD was high among people living in areas of conflict and that treatment opportunities were inadequate. An important finding of this study was the association between the range of prevalence rates of traumatic experiences and risk factors for PTSD in an armed conflict region in Turkey.

Still, despite all these studies, we have only a limited experience in studying, gathering data, and researching IDPs in Turkey. More importantly, this happens at a time when mental health professionals face an ever-increasing number of displaced people in Turkey. This is a great struggle considering that Turkey is the largest refugee hosting country in the world (Aker et al., 2005). For this reason, we now turn to some of the methodological issues regarding the study and treatment of IDPs in Turkey.

The Neglected Problem of IDPs in Turkey: Methodological Challenges

Although much attention has been placed on refugees, especially on those fleeing to Europe, the issue of IDPs has received much less attention in both the wider media as well as in academic literature. We can define internally displaced persons (IDPs) as people who are forced to leave their homes but who remain within their country's borders (UNHCR, 2016). During the armed conflict in the eastern and southeastern Anatolian regions of Turkey between 1985 and 1999, a large wave of internal displacement took place. During that period, the number of IDPs rose from 2.8 million to 4.8 million (Türkiye İstatistik Kurumu [TÜİK], 2005). However, for many years, this displacement did not draw any attention from governmental and non-governmental organizations, universities, media, or public opinion.

Mental health professionals also overlooked this important fact. The displacement process included many human rights violations and traumatic incidents. IDPs in Turkey, therefore, represent a highly complex humanitarian emergency case that differs from other internal displacement incidents in the world because of its unique characteristics and long duration (Aker et al., 2005). Over one million people in Turkey became IDPs in the 1990s (TÜİK, 2005). Since then, IDP resettlement took place all over Turkey, though it concentrated in the east and southeast regions of the country, deeply affecting the community life in those localities whilst creating a negative impact on the mental health of those displaced. As a matter of course, community mental health problems became common and were observed as a result of this man-made disaster (Aker et al., 2005).

Indeed, internal displacement is a psychologically traumatic process for those who are displaced, and is determined by the pre- and post-displacement characteristics, as well as the displacement history of the individuals in question (Siriwardhana & Stewart, 2012). More importantly, forced migration cannot be regarded as a single traumatic event, even if this presumption is widespread. This assumption has in fact

become one of the greatest challenges for those working with displaced people or forced migrants. Victims of forced migration are subject to many kinds of traumatic events that may occur repeatedly over a long period of time, such as the continuous day to day experience of war, loss, witnessing of violent deaths, torture, physical or sexual assault, as well as rape and death threats (Phillips, 2013).

Therefore, the ongoing nature of the displacement process includes many risk factors that can easily later develop into mental health problems. In this case, it is necessary to evaluate the pre- and post-displacement characteristics based on a psychosocial perspective. Unfortunately, this gives rise to another methodological challenge. Here, access to health care and negative parameters of public health as well as ethnic, religious, and cultural differences are factors to be considered. Additionally, the educational, political, and social problems, as well as problems in employment and sheltering, that manifest post-migration create a conflict zone. Various forms of discrimination, including xenophobia, further aggravate this situation. All of these factors, when added to acculturative stress, are directly related to the mental health status of displaced persons (Phillips, 2013). Despite the large IDP population in Turkey, a variety of problems such as neglect, ongoing conflicts, unsafe environments, and discrimination have made it very difficult to conduct studies on the individuals who constitute the IDP population. Both the methodology of the studies as well as community-based interventions were affected by these aforementioned problems (Aker et al., 2005).

No systematic or structured intervention program exists in Turkey that targets IDPs specifically. There are also no adequate or reliable research or data sets on the mental health problems of IDPs (Aker et al., 2005). This may be due to various reasons, summarized as follows.

First, since IDPs do not cross borders as international asylum seekers do, they have been afforded no defined legal status in Turkey. Hence, they are destitute of customized policies and rights. Second, internal displacement mostly arises from political conflicts in the region, the most notorious of which is the ongoing, armed, conflict between the Turkish Military Forces and the PKK (the Kurdish Worker's Party). Therefore, it is a complicated task to work on the causes and consequences of these ongoing and extremely politically sensitive incidents, for most mental health professionals do not wish to study this topic. Yet, this is no simple lack of interest. It happens because scientific studies are prone to incur the wrath of both sides of the conflict, not to mention misinterpretations and generalizations of research findings in the media that can easily morph into direct antagonism from the Turkish government and Turkish society more broadly. More concerning even, unfortunately, is that too often in Turkey, scientific studies tend to be viewed as materials for political debates rather than the work of scientifically minded scholars (Aker et al., 2005).

Third, there is a temporal problem that we must keep in mind. Over the years, the number of IDPs has soared to approximately one million people, rendering it a visible phenomenon. However, although the IDP population in Turkey has increased steadfastly, the process of migration caused by forced displacement has been spread out over a long period of time. That is because IDPs do not migrate jointly or simultaneously. As conflict arises, people migrate in small groups at different points in time. Because the process of displacement is in this case extended over the years, it has been often overlooked.

Fourth, since the conditions which cause forced migration are often traumatic, the unsafe nature of the process presents obstacles for health professionals with regards to establishing vital trusting relationship with IDPs. Without trust between healthcare professionals and the victims of forced migration, very little can be achieved. Since IDPs had experienced many traumatic events, including the witnessing of or engagement in armed conflicts, the witnessing of or subjection to torture or even the loss of a loved one, their basic trust in human relations and notions of security, autonomy, and self-worth are usually severely damaged. For that reason, key professionals, some of whom work for NGOs, have been of enormous value as they reach out to IDPs whilst establishing trusting relationships (Aker et al., 2005).

Fifth, another very important issue relates to language. A language barrier forms an important obstacle for some IDPs, especially for women. Since mental health professionals have extreme difficulty in finding professional translators, another mental health worker who speaks Kurdish or a relative are usually allocated as translators. This implies a lack of accuracy and bias in translation work. Lack of professional translators can undermine the quality of the community-based psychosocial studies that are supposed to produce accurate assessments of the situation on the ground.

Sixth, poverty acts as a substantial obstacle for IDPs seeking help. Without the most basic resources, reaching treatment centers and participating in a research program, for example, become limited options to IDPs. Indeed, lack of resources like shelter, food, and transportation has prevented many people from receiving appropriate professional help. Even in larger metropolitan areas, IDPs have faced transportation difficulties while attempting to reach health centers set up and run by NGOs or designated state-funded hospitals. Unfortunately, these are non-exhaustive examples of only some of the obstacles that prevent a better assessment of IDPs in Turkey. We could add many more issues of no less importance to this list.

Another important fact is that most (if not all) surveys conducted with IDPs in Turkey have been cross sectional, and samples are not representative (Aker et al., 2005). Most of the time, the snowball method and convenient sampling from populations at risk were employed in order to establish a trusting relationship and

to encourage the participants to join the survey interviews (Aker et al., 2002). Yet, snowballing can, of course, present its own challenges—not least the obvious problem of sample bias. Nevertheless, and despite the aforementioned shortcomings, we cannot ignore the recurring nature of findings indicating persistent traumatic stress, depression, and somatization as common symptoms found amongst the IDP population in Turkey. Major Depression was the most common comorbid disorder for trauma related disorders. This is important because medically unexplained symptoms or somatizations are the most challenging ones in the context of psychosocial interventions (Aker et al., 2005).

As a result of this brief analysis, we can conclude that most studies carried out in Turkey to assess the mental health of IDPs have been largely inadequate in terms of both quality and quantity (Aker et al., 2005). We now turn to a discussion of cross-border forced displacement with a particular focus on Syrian refugees in Turkey, as well as the methodological issues regarding the study of this vulnerable population.

Displacement from Syria to Turkey: Methodological Issues

From now on, we will be using the terms “refugee” and “displaced persons” interchangeably. At this juncture, we do well to underline that according to Turkish law, Syrian asylum seekers are not accepted as *de facto* refugees in Turkey. As it was mentioned in the introduction, Turkey adopted the 1951 Refugee Convention securing the rights of refugees although it kept the “geographical-limitation” by not signing the subsequent 1967 protocol. This means that the recognition of one’s refugee status in Turkey is still restricted to Europeans, while non-Europeans receive temporary status (conditional refugee status humanitarian residence permit, or temporary protection) and are expected to resettle in a third country at some point. Accordingly, Syrians in Turkey have received “temporary protection” status. Nevertheless, to facilitate our analysis and because of the difficulty in nomenclature, Syrian migrants in Turkey will be referred henceforth as “refugees” even though they are not legally defined as such.

The Syrian uprising began in the early spring of 2011 and according to The United Nations, the death toll resultant from conflicts in Syria has surpassed 250,000. At least one million people have been injured and nearly 11 million have been displaced with approximately 6 million Syrians having fled to other countries (UNHCR, 2016). Besides acute casualties and displacement, human right violations such as the use of indiscriminate torture and prohibited (including chemical) weapons, sieges, denial, or blockage of humanitarian aid, attacks on medical facilities and workers, unlawful killings, deaths in custody, unfair trials, summary executions, and abductions as well as disappearances, all have been reported by Amnesty International (2015), to mention only one of the dozens of NGOs and Human Rights organizations who have reported similar episodes. Many minority groups and sects such as Christians and

Shia Muslims have been repeatedly threatened, attacked, and persecuted during this war. While the conflict in Syria has no end in sight, the number of Syrian refugees in Turkey continues to rise.

The forced migration from Syria to Turkey officially begun with 250 Syrians crossing the Hatay border in April 2011. Soon afterwards, Turkey declared an “open door policy” regarding Syrians crossing into the country. Six years later this policy has resulted in the number of Syrian refugees in Turkey reaching 3 million (UNHCR, 2017) – though this number is likely to be larger once we consider those refugees not registered with the UNHCR. As a consequence of the Syrian Civil War, the Turkish Republic has thus become the largest refugee-hosting country worldwide for the first time in modern history.

As with the situation of IDPs in Turkey, war and displacement has led to traumatic events that refugees more often than not have no choice but to face without much support, events that may result in significant mental health problems. An assessment of the mental health of international forced migrants in Turkey endorsed this claim when it indicated that most Syrian refugees in Turkey have a need for psychological support (Afet ve Acil Durum Yönetimi Başkanlığı [AFAD], 2013). This fact strongly suggests that there is a critical need for developing valid research methods and convenient psychosocial interventions with respect to Syrian refugees in Turkey. In order to achieve these objectives, Turkish Mental Health Professionals (MHPs) are forced to deal with some difficulties within the field, some of which mirror those we find in the study and treatment of IDPs, such as lack of language skills, sharp cultural differences, the sheer size of the target population, availability of only very limited resources, the ongoing and unstable nature of Turkish internal and external politics, and the threat of the Syrian conflict itself.

One of the most crucial starting points would be to collect epidemiological data. Since epidemiological studies form the base for further studies, including interventions, they should provide as much information as possible. The prevalence of mental health issues gives us a clue as to what to do next. These studies should include not only the prevalence of mental illnesses caused by forced movement, but also the examination of the causes that are associated with these mental health problems. To guarantee the success of future studies involving Syrian populations in Turkey, it is vital to address pre-migration experiences, the migration process, post-migration living conditions and, as is the case with IDPs, acculturative stress. The basic material needs and availability of social services to refugees should also be carefully assessed.

Given the complexity of the issue, using quantitative methods alone may not provide sufficient data to understand the problem. Therefore, for best results, epidemiological

surveys should be combined with qualitative enquiries, such as in depth interviews, so that researchers and medical health professionals (MHPs) can draw a more complete and elaborate picture of the situation on the ground. While conducting studies on the mental health of refugees in Turkey, researchers should be aware of the methodological challenges ahead. For example, there are some characteristics of the Syrian refugee population that might make the studies vulnerable to confounders. For instance, a group of Turkish mental health professionals (psychologists, psychiatrists, and public health specialists) from different universities and NGOs in Turkey, including the two authors of this paper, recently conducted an epidemiological study with displaced Syrian people supported by the World Health Organization (WHO). As we did in the case with IDPs, we identified some important methodological challenges. Some of the following issues parallel those regarding IDPs, albeit in different degrees. More importantly, perhaps, we also found different concerns that we think are worth listing.

First and foremost, there is a chronological component that needs to be taken into consideration. Displaced Syrians have arrived in Turkey at different points in time. This is important to examine because the time of arrival indicates differences in socioeconomic and ethnic backgrounds, as well as differences in the severity of the experienced traumatic life experiences. For instance, people who came as soon as the war in Syria started are called “first refugee communities.” They are mostly Arab Sunnis and have less war experiences compared to the latecomers. Ezidis, Shia Muslims, and Christians, on the other hand, have come as part of what we describe as “second” and “third communities.” They have experienced not only the war between revolutionaries and the regime more intensely, but have also witnessed more intense violence and received more overall threats to their lives.

The second issue relates to how the refugees themselves see their own future. Syrian displaced persons have different motivations and needs. For example, some may want to remain in Turkey after fleeing Syria, whilst some may desire to return to their homeland once the conflict ends. Others may want to move abroad and use Turkey as a transit country, mainly to reach various European countries. These motivations and needs all come with different social and mental health effects, and given such context, new questions about research methodologies as well as psychosocial services must then be considered.

A third concern considers the issue of reliable information and documentation. That is to say, because of poor record keeping, it is very difficult to determine where refugees are residing. Hence, it is almost impossible to perform household surveys with refugees under these circumstances. Although it may create some bias in the data collection process, snowballing and convenient sampling methods can be used for the refugees living outside of the camps. However, these are far from ideal. Since it is hard to assess the number of refugees in Turkey as a result of the rapid movement

of some refugees, there is the difficulty in establishing a representative sample size. Hence, most of the time, researchers are unable to generalize their findings. These difficulties are made worse by governmental restrictions on research in this area. The conducting of such studies in Turkey depends on authorization from the Ministry of Internal Affairs, with many being denied permission. Yet, this is not surprising given the current political situation in Turkey and the sensitivity of the issue vis-à-vis Turkish nationalists.

Fifth, another concern involves language barriers, more so in this case than with IDPs, who tend to speak better Turkish, if they are not perfectly fluent. Although many Syrian refugees have been living in Turkey for at least two years, most of them cannot speak Turkish to satisfy even the most basic level of conversation. The assessment questionnaires must therefore be adapted to Arabic. As such, a researcher who is fluent in Arabic must also be present to conduct the interviews. Face-to-face interview techniques seem more appropriate, though they still require fluency in Arabic, which is a requirement that often cannot be met because of the lack of such professionals in Turkey.

Sixth, many Syrian refugees who were asked to join the study have refused out of the fear that the information that they provide might be shared with the regime in Syria and the Turkish government, or that their participation in these studies would impede them from reaching Europe in some way or other.

Seventh, it is a challenge to find scales and interviews in Arabic that are compatible, or have been tested previously through application in other studies. There are almost no standardized measures for Syrian Arabic that can be used in psychosocial research of this kind. Again, this brings about the aforementioned, recurring problem of language. In this case, the researchers need to rely on (preferably Syrian) Arabic-speaking mental health workers involved in the study to administer the interviews. However, their qualifications for such a task, as we have already mentioned, are often limited. Extensive training sessions then have to be conducted, which result in extra financial costs and delays. In some regions in which we conducted our studies, there were no Arabic-speaking mental health workers at all. Instead, Turkish professionals administered the scales via translators. This is by no means ideal, because although they are bilingual, these people are neither professional translators, nor do they have familiarity with the academic setting. Even if the costs of professional translators were to be met, the actual number of professional Arabic-Turkish translators would not be sufficient to complete any enquiry in a timely manner.

Eighth, there are no defined ethical principles for refugee mental health studies. Ninth, and finally, there are no referral centers to which refugees in need of psychological support in Turkey can be sent.

Now that we have laid out some of the most common obstacles to the study of both IDPs and cross-border, in this case Syrian, refugees in Turkey, we move on to a discussion of possible solutions to these problems.

Discussion: How to Overcome Some of the Challenges Posed by Mass Displacement in Turkey?

To overcome the difficulties we have highlighted, we recommend that perhaps scholars, policy makers, and those professionals on the front line of intervention should base their approaches on a more holistic perspective. For instance, it is important that community mental health programs and outreach models be integrated while conducting mental health research regarding refugees, as well as actual case interventions. That is to say, these interventions should be community-based and culturally sensitive. Also, a multi-sectorial approach to mental health and social care seems important since the refugees are faced with different socioeconomic, cultural, and psychological problems. In order to deal with the problems arising in disasters and humanitarian emergencies more effectively, MHPs should give preference to a thoroughly multidisciplinary approach whilst working closely with scholars and frontline professionals of fields as varied as economics, sociology, and medicine, as well as with professionals working for both national and international organizations (government-based or otherwise).

In order to establish sustainable mental health services and enable the refugees to use their own resources, it is crucial to involve Syrian mental health workers in both epidemiological and intervention studies. Therefore, capacity-building activities, such as mental health training, should be carried out. Turkish MHPs have substantial experience related to mass traumatic events like internal displacement caused by earthquakes, mine disasters, or mass murders caused by suicide bombers. This experience is a great advantage for capacity building efforts and we should take advantage of this.

Given the nature and size of the Syrian population now in Turkey, mental health professionals have to stress the role of community intervention and participation. In that, studies addressing any kind of disrupting events (e.g. gender-related violence) should be conducted and necessary interventions should be carried out. The integration of mental health care with culture and traditions, the empowerment of refugees, and the building of a relationship between mental and physical health must be underlined.

Mental health care programs should be practical, culturally appropriate, and inexpensive. This also means that refugee mental health programs should have clear short-term and long-term treatment goals, cost effective evaluation and a clear program of intervention, added to well-designed prevention methods in terms of both time and expenditures. Psychiatrists and mental health workers in Turkey should be

trained to deal with these problems. There is a need to develop a realistic “package” of mental health care for refugees in Turkey (both for IDPs and those coming from Syria) that not only caters to the particular needs of specific ethnic and cultural sensitivities, but that also involves assistance in the training of staff. Continuity of services and multi-agency linkages must form an indispensable aspect of these programs. All these actions must be supported by government policies, as well as non-governmental organizations with either national or international outreach.

According to the basic principles of psychosocial intervention programs, the research targets should focus not only on the assessment of needs and on psychopathology, but also on the duration of the war/conflict and its effects on the populations involved.

Given the failure of the most recent peace talks and the impossibility of even a temporary ceasefire, it seems that the Syrian conflict must be forecast as a long-duration conflict that has no end in sight. For this reason, the majority of Syrian people live in a protracted state of asylum without being able to return to their homeland. It is also possible that Syrians living in Turkey will soon become a recognized ethnic minority group (Chemin & Gokalp-Aras, 2017). Therefore, it is crucial that acculturation issues must form a necessary part of the intervention and research agenda from now on. It is important to assess the magnitude of acculturative stress and how it affects the mental health of Syrian refugees. This is because the encounter between the two cultures may reveal adaptation and acculturation problems, such as negative attitudes (prejudice or discrimination) toward each other, discrepancies in acculturation expectations of the host society, and acculturation orientations of the refugees, to cite a few (see Cetrez & De Marinis, 2017; Chemin, 2016, 2017).

The main objective in studies and interventions involving Syrian refugees should be the development of different solutions for different socio-demographic groups. This should be done whilst Syrians go through the transition from “temporary guests” to recognized citizens. We recommend some further and urgent considerations aimed at local mental health workers in different parts of the country and for NGOs working in the field.

For instance, psychosocial services should be carried out in the form of community-based treatment or at care facilities whilst community based mental health facilities must be supported by the government, NGOs, and other potential stakeholders. In the first five years, these facilities can be organized as the equivalents of current mental health facilities in Turkey and integration can be provided sooner. Also of importance, training and capacity building activities should be carried out for Syrian professionals, including mental health workers, teachers, and other key persons. Training programs should be supported by governmental policies. This should include having the necessary informational resources available in Arabic. In turn, and also of great importance, psychosocial support should be provided for the professionals

in contact with refugees on a regular basis – that is, those frontline professionals who may come to suffer from mental health conditions as a result of their not only strenuous, but also psychologically and emotionally demanding work. Although Turkish and Syrian mental health professionals have faced such difficulties in their research methodologies, they have enough experience to overcome these challenges if the appropriate resources are in place. For this to happen, suitable policies must be established. These should be based on information from appropriate scholarly research and other professionally conducted evidence-based, rigorous assessments.

Conclusion

The two cases of displacement presented in this paper, the Kurdish internal displacement and the Syrian refugee cross-border inflow, are amongst the greatest and most challenging incidents that Turkish mental health professionals and scholars attempting to learn more about the affected populations face in Turkey today. Although both movements have their own unique characteristics, they also share a number of common problems that have been identified. Based on the assessment of this diversity of obstacles faced by both scholars and mental health professionals in Turkey, we advocate a community-based approach to deal with some of the most pressing problems that prevent Turkey from better adapting and helping people suffering the dire consequences of forced displacement, be they IDPs or international refugees. In this case, proper assessment of the status and of the needs of displaced people seems to be the crucial factor, one that must be followed by the implementation of capacity-building efforts as well as the substantial improvement of psychosocial services available to vulnerable populations. All of these steps present their own methodological challenges. However, we emphasize that these challenges are of a practical order and can be overcome through multi-sectorial, culturally sensitive, multi-disciplinary, and sustainable approaches to both research and intervention that count on the support of government and non-governmental stakeholders alike.

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