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IDENTIFYING STRENGTHS OF AN INTEGRATED COMMUNITY-BASED PSYCHOSOCIAL SUPPORT SERVICE IN ISTANBUL: A QUALITATIVE EXPLORATION FROM A REFUGEE PERSPECTIVE

İstanbul'da uygulanan entegre ve toplum temelli bir psikososyal destek hizmetinin güçlü yönleri: Göçmen perspektifinden nitel bir keşif çalışması

Megan WINCOTT[1], Perihan TORUN[2], Joe HULIN[3]

Abstract

Turkey hosts a large number of refugees and asylum seekers, mainly from the Middle East. Despite being exposed to several risk factors for developing mental health conditions, refugees have low contact rates with mental health services in Turkey. The aim of the current study was to explore refugee and service provider perspectives on the characteristics of an integrated community-based psychological counselling programme in Istanbul, which may help to mitigate the barriers to mental health services regularly experienced by refugees. Eight interviews were conducted with three service providers and five Syrian and Afghan refugees who had attended a psychological counselling service in Istanbul between June and July 2021. Data was analysed using framework analysis. Four themes were identified as potential service characteristics which could mitigate barriers to accessing mental health services: (1) reputation-based trust, (2) appointment flexibility, (3) child-friendly spaces and (4) social support. Implications for research and practice are discussed with an emphasis on service development. Patient-champion networks, client-centred approaches, and active participation of refugees in the continued development of mental health services are recommended as strategies to increase refugees' engagement with mental health services.

Keywords: Facilitators, refugees, mental health, community mental health services, Turkey.

Özet

Türkiye'de çoğunluğu Orta Doğudan olmak üzere geniş bir göçmen ve sığınmacı nüfus yaşamaktadır. Türkiye'de yaşayan göçmenler; ruh sağlıklarının bozulmasına yol açan çeşitli risk faktörlerine maruz kalmalarına rağmen, ruh sağlığı hizmetlerine düşük oranlarda erişmektedirler. Bu çalışmanın amacı; İstanbul'da uygulanan entegre bir toplum temelli psikolojik danışmanlık programının özelliklerine ilişkin göçmen ve hizmet sağlayıcı bakış açılarını araştırmaktır. Programın, göçmenlerin ruh sağlığı hizmetlerine erişimlerinin önünde sık görülen engelleri azaltabileceği düşünülmektedir. Haziran ve Temmuz 2021 tarihleri arasında İstanbul'da psikolojik danışmanlık hizmeti alan 5 Suriyeli ve Afgan göçmen ve 3 hizmet sağlayıcı ile sekiz görüşme yapılmıştır. Veriler çerçeve analizi kullanılarak analiz edilmiştir. Ruh sağlığı hizmetlerine erişimin önündeki engelleri azaltabilecek hizmet özellikleri olarak dört tema belirlenmiştir: (1) İtibara dayalı güven, (2) Randevu esnekliği, (3) Çocuk dostu alanlar ve (4) Sosyal destek. Çalışmadan araştırma ve uygulama için çıkarımlar, hizmet geliştirme odaklı olarak tartışılmıştır. Göçmenlerin ruh sağlığı hizmetlerini kullanımını arttırmaya yönelik stratejiler olarak: Hasta temsilci gruplarıyla hizmet planlama, danışan merkezli yaklaşımlar ve göçmenlerin ruh sağlığı hizmetlerinin sürekli gelişimine aktif katılımı benimsenmelidir.

Anahtar kelimeler: Kolaylaştırıcılar, göçmenler, ruh sağlığı, toplum ruh sağlığı hizmetleri, Türkiye.

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Introduction

Since the Syrian crisis began in 2011, there has been a large increase in refugee figures across the Middle East, which has resulted in high numbers of refugees per local population, including in Turkey (1). In November 2022, there were 3,603,724 Syrian refugees under Temporary Protection in Turkey, 15% of whom lived in Istanbul (2, 3). In addition, there were an estimated 304,970 asylum seekers in Turkey in 2021, largely from Afghanistan, Iraq and Iran (4). Ongoing conflict and insecurity in Afghanistan have led to continued migration movements, and in July 2021, it was reported that an estimated 500 to 2000 Afghan refugees were entering Turkey daily (5, 6).

Refugees experience specific risks and exposures across three periods of migration: pre-migration, migration and post-migration, which place the refugee population at a greater risk for developing mental health conditions (7). These stressors include trauma and adversity, unmet social needs, acculturation stress, and ongoing encounters with bias, discrimination, and racism, alongside inadequate social integration and unemployment (8, 9). In 2018, the prevalence of post-traumatic stress disorder (PTSD), depression and anxiety symptoms among the Syrian refugee population in Turkey was 19.6%, 36.1% and 34.7%, respectively (2). In comparison, the prevalence of depression and anxiety disorders was estimated to be 4.16% and 4.76% in the general population in Turkey, respectively, in 2019 (10).

As set out in the 2011-2023 National Mental Health Action Plan, Turkey has shifted the provision of mental health services towards a system of community-based mental health centres (11). However, recent studies conducted in Istanbul and Ankara reveal that despite multiple access points, there is still a large discrepancy between the need and utilisation of services among refugees (12, 13). In Istanbul, the treatment gap (the proportion of 249 people with a mental health need who did not seek care) was similar for depression (88%), anxiety (90%) and PTSD (89%) (10). Meanwhile, in Ankara, the treatment gap was wider for Syrian refugee women than for men (13). The refugee population in Turkey may have lower service contact rates than their Turkish-born counterparts (14). A recent evaluation of this model has shown that it fails to support people with mental health conditions to become autonomous individuals (15). Furthermore, service availability is limited because the number of psychiatrists per capita in Turkey remains the lowest in the WHO European Region and services are inadequately funded (16, 17).

The challenges of integrating mental healthcare for refugees have been documented, including that humanitarian programmes may create parallel systems with the existing mental healthcare system, which are unsustainable (18). In Turkey, there is a reported lack of coordination between government services and psycho-social support services provided to refugees through district municipality-NGO partnerships (1, 19).

AKDEM (Aile Kadın Destekleme ve Engelliler Merkezi): The Family, Women Support and Disabled People Centre, was founded by the Zeytinburnu municipality of Istanbul in 2007, four years before the start of the Syrian crisis. Approximately 24.4% of refugees report the municipality as a place where refugees usually seek mental health support (12). AKDEM employs a community-based integrated model, where a psychological counselling service sits alongside a broader social service programme.

This study aims to identify encouraging characteristics of an integrated community programme, which may help to mitigate the barriers regularly experienced by refugees when accessing mental health services (20). It is hoped that the findings can inform the planning of improvements to facilitate increased access to community-based mental health interventions for refugees across the region. Therefore, holding the potential to reduce social and racial inequalities in mental health outcomes and reduce the overall burden of disease in refugee populations.

Material and Method

This exploratory qualitative study was conducted between June and July 2021. Research ethics approval was obtained from the University of Sheffield Ethics Committee (no. 039207, 5/10/2021) and locally approved by the University of Health Sciences, Turkey Ethics Committee (no. 40272, 6/15/2021). No relationships were established before the study's commencement. AKDEM was identified as the recruitment location. In 2019, there were 65,699 migrants in Zeytinburnu, among a total population of 284,935. Although the largest migrant group are Syrian nationals (37.3%), Zeytinburnu is also highly populated by migrants from Afghanistan (32.5%), China (10.3%), and Uzbekistan (6%) (21).

Procedure

Participants were recruited from two groups: (a) service users from refugee backgrounds and (b) service providers with experience in delivering psychological counselling to refugee populations. Service users were purposively sampled using the pre-determined inclusion criteria: service users must be from a refugee background as defined by the United Nations High Commissioner for Refugees (UNHCR) 1951 definition, aged over 18 years old, have attended at least one counselling session and have a mental health need (22). Service providers were sampled separately using convenience sampling to align with the purpose to provide data needed to address the research question, following the inclusion criteria: experience in delivering psychological services to refugees and work in a role at AKDEM (23). All eligible participants were approached face-to-face. The sample size was not predetermined, and data collection ceased at the point of theoretical saturation, where no new or significant data emerged during the analysis (24). Written informed consent was obtained from all participants, which was translated to and back translated from their preferred language.

Semi-structured interviews were undertaken to explore which service characteristics facilitated refugees' access and engagement with community-based psychological support. Questions included: Are there any features of services which you have found particularly helpful? Why did you choose AKDEM over other services? How easy or hard was it to get information about available services and where did you find out about them? Due to the COVID-19 restrictions, virtual semi-structured interviews were conducted remotely in English by the first author, lasting between 30-60 minutes. An interpreter was present with the interviewee to translate between English and Farsi, Turkish or Syrian Arabic. The researcher aimed to create an environment that created mutual trust with the participant and explained their motivations for conducting the study. Responses were translated using the third person. This approach makes the interpreter visible in the research process and demonstrates that the interviewee could not communicate without the interpreter (25). The researcher kept brief field notes during the interviews.

Statistical analysis

Interviews were audio-recorded and subsequently anonymised, transcribed verbatim, and analysed simultaneously to data collection using framework analysis to allow the following interviews to explore emerging themes. Framework analysis, which included five stages: familiarisation, identifying a thematic framework, indexing, charting, mapping and interpretation, was chosen as the best fit as it is not bound to a specific epistemological position which provided flexibility to obtain the best fit for the study objective (26, 27). The initial framework development was guided by the research question and further developed using deductive and inductive approaches by the first author, aided by NVivo 12 qualitative software (28).

Results

A total of eight semi-structured interviews were conducted, including five service users and three service providers (Table 1). Four themes were identified as potential service characteristics which could mitigate barriers to accessing mental health services: reputation-based trust, appointment flexibility, child-friendly spaces and social support. Anonymous citations are used to exemplify the themes.

Reputation-based trust

Participants discussed that a previous positive experience using other services provided by AKDEM, such as legal consultancy, increased their trust in the overall organisation, which was a prerequisite to reaching out to psychological services.

And, you know he had seen them before and saw that they were you know, very supportive and efficient. So, okay, he went there and trusted them (Service user 1).

Furthermore, friends and family who had previously sought help from AKDEM promoted trust in the services.

He said that his friend was very satisfied with the help that he got. So, he got the number of the AKDEM staff that he had from his friend…. Everyone really knows each other, like the refugee population (Service user 1).

When trust was established, participants felt comfortable disclosing personal information surrounding their mental health needs because they did not feel negatively judged by the service provider, which facilitated participants to engage with psychological services.

She was initially hesitant because of, you know, sharing this private information, but her psychologist said, this information will stay here so we don't know each other outside this building. So, she felt better after this statement…She felt it's more secure and she can talk comfortably, she doesn't hide anything (Service user 2).

Overall it was a very safe place for him because you don't always get a safe place to talk in other places (Service user 1)

Service providers also suggested that they helped establish trust with service users by clearly communicating the support they offer and reassuring them that the information they share will remain confidential.

We adopt a transparent approach and explain to the clients about the services and role of AKDEM, and the confidentiality (Service provider B).

Appointment flexibility

Service users valued a flexible approach to scheduling appointments, which enabled them to meet work commitments whilst engaging with mental health services.

They worked, according to his schedule and he said like, they adjusted their times based on my schedule and I didn't have to adjust like my work schedule for them (Service user 1).

Participants also discussed that longer appointment lengths facilitated refugees to engage with services effectively.

She went to other private institutions too, but they were very strict on timing and would say oh, your time is over …. but like she never went through something like that at AKDEM …. she was, you know, able to say as much as she needed (Service user 5).

Despite appointment flexibility within the 9-5 service operating times, a lack of an out-of-hours service may contribute to a failure to attend services among refugees working unsociable hours.

He lost his job because he was working all day until 7pm (Service user 4).

Child-friendly spaces

In this study, service providers perceived that the majority of refugees who received psychological counselling were female. Participants also discussed unique gendered challenges that impeded women from accessing psychological support. Service users felt that the embedded role of the woman in the household made it more difficult and less acceptable for women to

access services because of an expectation that a woman must maintain her responsibilities, including house chores and childcare.

It is much harder for women because of their responsibilities, and he thinks it is better for men to attend these services rather than women. It's less acceptable for women to come here because they will leave their responsibilities to other people (Service user 4).

They might have little kids that they have to take care of, so they can't come and take support (Service user 3).

Furthermore, the husband was perceived to control some women's decisions to seek help, acting as a gatekeeper to accessing support.

There might be some issues with their husbands, that they won't let their wife to come and get support like this (Service user 3).

The husband doesn't like women to be empowered, maybe, because that's the feeling when you attend these kinds of centres. The result may not be something they desire (Service provider A).

However, childcare provision during appointments supported vulnerable women to access services despite these barriers.

Sometimes if it is an urgency, they look after children in the centre. They, they find a solution, but they don't have services normally for this problem (Service provider A).

She left her child to another service there in AKDEM for young children for zero to six children. They do painting. And so she had that opportunity as well which, which is important, especially for women to receive services (Service user 2).

Access to social support

Participants described that the presence of post-migration stressors and anxiety surrounding the well-being and needs of their family reduced the prioritisation of their own need for psychological support.

If they're not approaching mental services they're thinking about their family member that like you know was left behind or like someone that they have to need to take care of, etc. (Service user 5).

Some individuals also described how a lack of perceived need often made them reluctant to seek support.

The worst thing was living with the bombs, you know, going off in Syria so that was the most terrible thing, and he doesn't feel like these are big challenges for him (Service user 4).

Moreover, service providers reported that they did not see migrants until a later point in the resettlement process and felt that new migrants wait to access support until post-resettlement stressors had lessened to a level where they could perceive their mental health needs as a priority.

The new migrants are not very likely to come to these sessions, probably this is because they have other problems like economic problems, and so on, and education with children. So, because of these problems, they deal with these issues and psychology comes second to other issues, so we see clients in their fourth or fifth year, and until their 10 years (Service provider A).

However, through previously accessing other social services offered by AKDEM, some service users were then able to reach out to the psychological counselling services at a later point in the resettlement process.

And so he said that he had reached AKDEM before on like problems like six months before …. Because they had helped us before with like citizenship and ID, and help them with a lawyer. It was the first place that he thought of (Service user 1)

Table 1: Participant characteristics.

Participant	Age	Country of origin	Time since resettlement (years)	Gender	Job role	Experience (years)
Service user 1	42	Syria	10	Male	N/A	N/A
Service user 2	35	Afghanistan	32	Female	N/A	N/A
Service user 3	48	Afghanistan	4	Female	N/A	N/A
Service user 4	38	Syria	8	Male	N/A	N/A
Service user 5	50	Afghanistan	33	Female	N/A	N/A
Service provider A	N/A	Turkey	N/A	Female	Psychologist	9
Service provider B	N/A	Turkey	N/A	Female	Psychologist	5
Service provider C	N/A	Turkey	N/A	Female	Coordinator with background as a psychologist	14

Discussion

Concerns about trust, confidentiality and mental health services are widely reported as barriers to help-seeking (29). However, in this study, a reputation-based trust may have facilitated participants who had previously received support from other areas in the social service programme to access the psychological counselling service. Gruner et al. also identify that safe, trusted spaces are essential in global mental health care provision (30). Moreover, centres that provide a range of support programmes may have a potential role in reducing post-settlement stressors through addressing social issues, including food insecurity, housing, and language. Alongside providing an opportunity for providers to screen for mental health concerns within a trusted space for refugees, reducing stressors through integrated social services may enable refugees to reach psychological services earlier in the resettlement process.

Social networks helped to facilitate access to services for participants because of their role in disseminating service information. Lloyd recognises social networks as a primary health information source, especially where language and literacy skills are low (31). In addition, this study found that word of mouth through social networks may have a role in building trust in mental health services. This finding indicates a promising potential of using patient champions to spread information regarding mental health services and increase mental health literacy in refugee communities.

A client-centred approach regarding the flexible scheduling of appointments facilitated participants' access to services. A client-centred approach to the service model for refugees is critical considering the post-resettlement stressors and the financial hardship endured by many refugees (13). These results further support the idea that increasing consultation times is an effective strategy to improve access to services (32). Nevertheless, our study indicated that lack of an out-of-hours service could contribute to a failure to attend services among employed refugees, who cannot miss work to attend appointments. In the wider literature, long work hours and difficulty taking time off from work were barriers to seeking mental health treatment in a Chinese American population (33). Although preliminary, this data indicates that drop-in services, out-of-hours appointments and advocacy for employer flexibility could be successful strategies to improve access.

This study also suggests that the role of women in the family may present a unique gendered challenge that potentially impedes some refugee women from accessing

psychological support. Previous research among Karen refugee women also found that gendered childcare responsibilities diminished women's priority to take personal care of themselves (34). Whilst our findings may offer insight into the factors contributing to the wide treatment gap for women in Ankara, they also indicate that childcare provision may enable mothers to overcome these barriers (13). Hassan et al. also suggest that psychological services integrated into an overall women's programme may facilitate women's access to psychological support (35).

Implications for future research and practice

These findings from Zeytinburnu, where Syrian nationals represent 8.63% of the overall population, can help to inform the ongoing development of current and future services in countries with large refugee populations across the region (1). The study has shown that the integrated community-based model at AKDEM, where a psychological counselling service sits alongside a broader social service programme can be a successful approach and should be considered elsewhere. Involving multi-disciplinary teams to address refugees' wider social needs may improve mental health service utilisation. Policymakers and stakeholders should also advocate for the active participation of refugees in the continued development of mental health service policy to develop culturally acceptable programmes.

Community outreach and mental health services should also promote the development of patient champion networks to disseminate mental health information and encourage refugee populations to recognise the availability and accessibility of mental health care. Furthermore, drop-in services, out-of-hours appointments and advocacy for employer flexibility could be successful strategies to improve access.

A suggestion for future studies is to adopt a positive deviance approach to select mental healthcare settings that demonstrate exceptional performance among refugee communities to promote the uptake of successful practices (36). Another important direction for future research is to seek to gain the perspectives of refugees with mental health needs who are not currently seeking treatment.

Strengths and limitations

A strength of this study was that the voices of refugees were amplified, alongside the perspectives of service providers. Although there may have been potential power disparities that resulted in social desirability bias, as a female researcher, gender-related power dynamics were minimised, which enabled female participants to share their experiences of gender norms and how this impacted service utilisation.

In addition, the lead researcher conducting the interview was a white, female medical student from a third country, who may have made it more comfortable for participants to talk about their issues. However, the interaction of the researchers' characteristics may have also influenced the quality and interpretation of the data. Thus, a reflexive diary allowed the researcher to monitor their positionality and consider their influence on how the research developed and their interpretation of the participant's accounts to ensure transparency. Furthermore, the researcher distanced themselves from their existing knowledge, experience, beliefs and preconceptions.

The findings of this research are limited to the perspectives of the study participants and may not be extrapolatable to the wider refugee population. Participants were sampled directly from the relevant services meaning they had succeeded in reaching mental health services which the wider refugee population have underutilised. Furthermore, all service users had lived in Turkey for at least four years. The use of an interpreter may have further limited the validity of findings as information may have been lost, misinterpreted or transformed by the interpreter (37).

Conclusions

Despite being at high risk for mental health problems, refugees in Turkey underutilise mental health services. This qualitative study represents refugees' and service providers' perspectives on the potential benefits of community-based integrated mental health services. A reputation-based trust, appointment flexibility, and childcare services were leading facilitators for refugees seeking psychological counselling. The integrated community-based model at AKDEM, where a psychological counselling service sits alongside a broader social service programme, could be drawn on for future service development in order to increase service utilisation alongside supporting additional needs. Further key recommendations for policymakers and stakeholders include promoting the use of patient-champion networks to increase refugees' awareness of entitlement to care and service availability, adopting a client-centred approach, and facilitating the involvement of refugees in the continued development of mental health services.

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