

RESEARCH ARTICLE / ARAŞTIRMA YAZISI

**The Prevalence And Possible Risk Factors Of Depression And Anxiety Disorders In Syrian Migrant Women In Turkey**

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**Abstract:** In this study, it is aimed to identify depression and anxiety disorder frequency and possible risk factors on immigrant Syrian women. This study was planned as a cross-sectional study. The study included 279 Syrian migrant women. The data were evaluated by SPSS 23.0 statistical package program. Pearson's chi-square test, Mann-Whitney U Test and Kruskal Wallis Test were used. The level of statistical significance was accepted as  $p < 0.05$ . %56,6 of participants does not have depression. 66.1% of the participants had mild anxiety and 24.2% were severe. There are few studies about Syrian immigrants so it is required to do many more studies on this topic and there are not any studies similar to this one. As the transfer of trauma to generations can be more intense, especially in immigrant mothers, it shows the necessity to take preventive measures for their children.

**Key words:** Immigrant, Depression, Anxiety, Health.

**Türkiye'deki Suriyeli Göçmen Kadınlarda Depresyon Ve Kaygı Bozuklukları Prevalansı Ve Olası Risk Faktörleri**

**Özet:** Bu çalışmanın amacı Suriyeli göçmen kadınlarda depresyon ve anksiyete bozukluğu prevalansı ve risk faktörlerinin belirlenmesidir. Çalışma kesitsel bir çalışma olarak planlanmıştır. Çalışmaya 279 Suriyeli göçmen kadın dahil edildi. Veriler SPSS 23.0 istatistik paket programı ile değerlendirildi. Pearson ki-kare testi, Mann-Whitney U testi ve Kruskal Wallis testi kullanıldı. İstatistiksel anlamlılık düzeyi  $p < 0.05$  olarak kabul edildi. Katılımcıların %56,6'sında depresyon saptanmadı. Yine katılımcıların %66.1'inde hafif, % 24.2'sinde ise şiddetli anksiyete bulguları. Suriyeli göçmenler hakkında çok az sayıda çalışma vardır, bu nedenle bu konuda daha fazla çalışma yapılması gerekmektedir ve yapılan çalışmaya benzer bir çalışma yoktur. Çalışma, özellikle göçmen annelerde travmanın nesillere aktarılmasının daha yoğun olabileceği göz önünde bulundurulduğunda, çocuklar için önleyici tedbirlerin alınması gerekliliğini göstermektedir.

**Anahtar Kelimeler:** Göçmen, Depresyon, Anksiyete, Sağlık.

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**Date of Received/Geliş Tarihi:** 04.11.2019, **Date of Revision/Düzeltilme Tarihi:** 20.02.2020, **Date of Acceptance/Kabul Tarihi:** 29.02.2020

**Citing/ Referans Gösterimi:** Dündar, M.A., İlhan, M.N., Karamüftüoğlu, N. (2020). The Prevalence And Possible Risk Factors Of Depression And Anxiety Disorders In Syrian Migrant Women In Turkey. *Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi*, 2(1): 14-19 doi:10.35365/ctjpp.20.2.2

## Introduction

World Health Organization (WHO) identified health as just not having any disease and disability, but a state of physical, mental and social wellness. One of this definition's three factors is mental health (Erginöz,2008). According to a research in 14 countries in coordination with WHO, depression is identified as the most common mental disorders (10,4%) among the patients who come to primary health care services (The World Health Report,2019).This rate is expected to rise by 15% and single-ended major depression is expected to rise into second rank in terms of disease burden at 2020 (Murray and Lopez,1997, p. 1498-1504).

Almost 50-60% of adults who have a long post of major depression disorder have also one or more anxiety disorder story. It is observed that at least 65% of people having a major depression is experiencing bland anxiety problems whereas 20- 25% of these people are experiencing severe anxiety problems (Akkaya,2006). According to American National Dual Diagnosis Parameters, the incidence through life time is 30,5% on females and 19,2% on males (Kessler,1994).

The total number of immigrants in Turkey has reached 1 million 890 thousand 600 people and that number has been reported that a large part consists of fleeing the civil war in Syria. It is known that this number is 115 thousand 934 in Kilis Province and constitutes 81,33% of the population in the province (General Directorate of Migration Management of the Ministry of Interior, Migration Statistics, Temporary Protection, 2017).

Being a migrant and being a woman are considered as disadvantages separately. Migrant women constitute a very important group in terms of disadvantage. In studies about immigration, especially migrant women, some problems were observed because of human experiences and unsolved conflicts in both psychologic and social dimensions. These problems might be decreased productivity, behavioral problems substance dependence and delinquent behaviors, and also might be neurotic, psychomotic welded disorders in psychological dimensions (İlhan and Dündar,2016,p. 7-11 ). It is known that anxiety and depression and consequently drug abuse/substance dependence are more common among immigrants (Holmes,2006).

In this study, it is aimed to identify depression and anxiety disorder frequency and possible risk factors on immigrant women above 18 and applied to Kilis State Hospital and outpatient polyclinics odgynocology and obstetrics.

## Materials And Methods

This cross-sectional study was conducted with the participation of 279 female migrants who applied to Kilis State Hospital and outpatient polyclinics of gynecology and obstetrics. The fact that the universe is taken as Kilis Province is that the number of immigrants living in this region is very high. The sample was taken from immigrant women with the hypothesis that the risk factor of depression and anxiety disorders in this group is very high. Systematic sampling method was used as sampling method. Every fourth person who applied to the hospital was taken into the study. Some females did not want to be take part into the study, and every fourth person style continued until the study was completed.

The research data were evaluated by SPSS 23.0 statistical package program. Descriptive statistics are presented as mean  $\pm$  standard deviation, median (smallest-largest), frequency distribution and percentage. Pearson's chi-square test was used to evaluate categorical variables. The conformity of variables to normal distribution was examined using visual (histogram and probability graphs) and analytical methods (Kolmogorov-Smirnov). Mann-Whitney U Test is used for the statistical significance between the two independent groups for the variables that do not conform to normal distribution. Kruskal Wallis Test was used as a statistical method among three and more independent groups. When a significant difference was found between three and more independent groups, the Beferroni Correction was applied to determine the source of the difference. multivariate logistic regression analysis was evaluated with Backward modeling method for different predictors of depression and anxiety disorder. Hoshmer-Lemeshow test was used to evaluate the model compability. The level of statistical significance was accepted as  $p < 0.05$ . Evaluations were made on the basis of 17 points, which are the breakpoint in the original proposition of the Beck Depression Inventory (BDI), and 18 points, the breakpoint in the original proposition of the Beck Anxiety Inventory (BAI). Depression and anxiety were present for the participants who scored higher than these scores.

## Results

Age avarage of 279 people who participated in the study is 30,99 $\pm$ 9,61 and median age is found as 30(minimum 18; maksimum 72). Median child age is 2 (min 0; max 6). Life time average in Turkey is 33,23 months  $\pm$ 11,34 months.

Non-literacy rate is 6,9%, literacy rate is 20,0%, primary school graduate rate is 15,3%, secondary school graduate rate is 21,5%, high school graduate rate is 15,6%, and college-university graduate rate is 20,7%.

Looking at the previous professional status of participant's before coming to Turkey 21,5% of all these people is student, 45,1% is housewife, 3,3% is unemployed, 2,5% is labourer, 17,8% is officer, 5,1% is self-employed and 1,8% is other occupations.

45,1% of these participants is on refugee camp, 22,5% lives in a rented house, 3,6% is together with their relatives outside of the camp and 28,7% lives off camping site in their own house.

88,1% of the participants did not smoke and 11,9% were smokers. When we look at the use of drugs / stimulants 82,5% of the participants never used, 6,3% used in the last 1 month, 8,6% of the last one year used it and 2,6% were still using. Substance dependence is examined, it is observed that 82,5% of participants says they have never used, %6,3 of them used in the recent month, 2,6% used in the recent month and 2,6% said they still use it.54,7% of participants in the study has claimed that they do not have remitting physical complaints whereas 45,3% has said they suffer from them. 49,5% of them think that close those around him/her need psychologic support, however 50,5% do not think.

When asked whether they use communication tools, 96% answered ' YES '. When contact frequency is examined, 50,9% is once a day, 24,2% is at least once a week, 9,8% is once a month and 15,1% is only rarely. 61,2% of

participants finds the house space not enough to live. People who do not think it is easy to access cleaning materials is 69,8%. When it is asked for evaluation of Turkish speaking, 28,9% thinks it as very bad, 22,7% badly, 32,9% mediocre, 13,0% good and 2,5% very good. And when it is asked for evaluation of their health conditions 13,7% of answers is very bad, 16,9% is bad, 33,5% is mediocre, 27,0% is good and 9,0% is very good.

73,4% of participants has stated that they have lost a relative or some relatives in war. When participants who lost their relatives in war were examined it is observed

that 26,2% of them lost their mother or father, 66,4% lost their child, 12,7% lost their brother or sister, 11,7% lost their friends and 6,0% other relatives. 54,3% of participants has stated that they have exposed to violence at least once through their lifetime. When participants who exposed to violence are examined 37,0% of this violence is physical, 20,2% is economic, 13,7% is emotional and 8,3% is other violence types. The frequency of claiming that they expose to sexual violence is found as 9,3%. 105 (37,6%) of participants have claimed they are exposed to misbehaviours and evil tangues/bad words by Turkish citizens.

**Table 1. The distribution of participants' anxiety and depression scores, Kilis.**

	Number	(%)*
<b>Beck's Anxiety Inventory Score (n=277)</b>		
Score 0-17	183	66,1
Score of 18-24	27	9,7
Score of 25 and above	67	24,2
<b>Beck's depression Inventory Score (n=277)</b>		
Score of 0-16	157	56,6
Score of 17-20	37	13,4
Score of 21-24	33	11,9
Score of 25 and above	50	18,1

**\*Colony percentage**

In table 1, the distribution of participants' depression and anxiety scores are presented.

When the participants' intensity of depression is examined, it is seen that 56,6% of participants does not

have depression, 13,4% of them has mild depression, 11,5% is moderate whereas 18,1% of them has severe depression. Intensity of anxiety is examined, it is found that 66,1% of them has mild anxiety and 24,2% has severe anxiety.

**Table 2. Depression status according to participants' some defining characteristics, Kilis.**

	Depression Status				$\chi^2$	p
	No Number	(%)*	Yes Number	(%)*		
<b>Having aware earning employment status (n=273)</b>						
Not working	128	66,3	65	33,7	<b>20,929</b>	<b>p&lt;0,001</b>
Working	29	36,3	51	63,7		
<b>Evaluating health status (n=276)</b>						
Moderate or below	78	44,1	99	55,9	<b>31,144</b>	<b>p&lt;0,001</b>
Good or above	78	78,8	21	21,2		
<b>Losing a relative in war (n=276)</b>						
Not lost	52	70,3	22	29,7	<b>7,777</b>	<b>p=0,005</b>
Lost	104	51,5	98	48,5		
<b>Exposure to violence through lifetime (n=276)</b>						
Not Exposed	89	70,6	37	29,4	<b>18,791</b>	<b>p&lt;0,001</b>
Exposed	67	44,7	83	55,3		

**\* Line percentage**

In table 2, the distribution of depression status according to participants' some defining characteristics.

Depression existence according to having aware-earning employment status 63,7% is in workers, 33,7% is in unemployed people. This difference is statistically significant ( $p<0,001$ ). Depression status is detected according to the situation of losing a relative in war;

55,9% of participants who evaluate their health as moderate or below and 21,2% of participants who evaluate their healthy as good or above. This difference is considered statistically significant ( $p=0,005$ ). Depression status according to being exposed to violence through lifetime 55,3% of those who expose to violence and 29,4% who do not expose to violence. This difference is considered statistically significant ( $p<0,001$ ).

**Table 3. Anxiety status according to participants' some defining characteristics, Kilis.**

	Anxiety Status		Yes Number	(%)*	$\chi^2$	p
	No Number	(%)*				
<b>Having awage earning employment status (n=273)</b>						
No	133	69,3	59	30,7	<b>3,930</b>	<b>p=0,047</b>
Yes	46	56,8	35	43,2		
<b>Evaluating health status (n=276)</b>						
Moderate or below	93	52,8	83	47,2	<b>37,124</b>	<b>p&lt;0,001</b>
Good or above	89	89,0	11	11,0		
<b>Living area status (n=276)</b>						
In own house	66	67,7	84	32,3	<b>6,118</b>	<b>p=0,013</b>
Outside of house	6	37,5	10	62,5		
<b>Being exposed to violence throught lifetime (n=276)</b>						
No	98	77,2	29	22,8	<b>12,421</b>	<b>p&lt;0,001</b>
Yes	85	57,0	64	43,0		
<b>Finding living area/space enough tolive status (n=274)</b>						
No	90	53,9	77	46,1	<b>26,429</b>	<b>p&lt;0,001</b>
Yes	90	84,1	17	15,9		
<b>Losing a relative in war (n=276)</b>						
No	64	86,5	10	13,5	<b>18,434</b>	<b>p&lt;0,001</b>
Yes	119	58,9	83	41,1		

**\* Line percentage**

In table 3, the distribution of anxiety status of participants according to participants' some defining characteristics were presented.

Anxiety status according to having a wage-earning employment; 43,2% of working people, 30,7% of unemployed people has anxiety disorder. This difference is considered statistically significant (p=0,047). It is detected that 47,2% of people who evaluate their health as mediocre or below and 11,0% of people who evaluate their health good or above has depression. This difference is perceived statistically significant. (p<0,001). The frequency of anxiety status of people who reside in their houses is 32,3% whereas it is 62,5% for people who do

not reside. This difference is considered statistically significant (p=0,013). Having anxiety according to exposure status to violence throught lifetime; it is 43,0% for people who expose to it and 22,8% for people who do not. This difference is considered statistically significant (p<0,001). Anxiety status according to finding living space enough tolive; it is 15,9% for people who do not find it. This difference is considered statistically significant (p<0,001). Anxiety status according to losing a relative in war, for people who lost a relative it is 41,1% and for people who did not lose a relative it is 13,5%. This difference is considered statistically significant (p<0,001).

**Table 4. Anxiety status according to participants' depression status, Kilis.**

	Anxiety Status		Yes Number	(%)*	$\chi^2$	p
	No Number	(%)*				
<b>Depression Existence (n=276)</b>						
No	117	74,5	40	25,5	<b>11,937</b>	<b>p&lt;0,001</b>
Yes	65	54,6	54	45,4		

**\* Line Percentage**

In table 4, the relationship between anxiety and depression status was presented.

Participants' anxiety status according to their depression existence; 45,4% of depressed participants has anxiety and 25,5% of undepressed participants does not have anxiety. This difference is statistically significant (p<0,001).

Depression risk; people having a chronic disease carry 2,38 fold more risk than people not having a chronic disease, having a wage-earning employment carry 2,45 fold more risk than people not having it. It is also observed that exposure to violence throught lifetime makesit 1,93 fold more risky than absence, and it is detected that anxiety status makes it 2,01 fold more risky for people compared to not having it.

Anxiety status risk is found 3,23 fold more risky for people having 3 and more children than people not

having this, and 8,51 fold more risky among people who reside in their houses than who do not. Also, it was found that people who do not have enough living space are at a risk of 10.73 times more than others, those who do not reach adequate cleaning materials are 5.88 times more than others, and those who lost relatives in war are 10.73 times more than others.

**Discussion**

Many immigrants are exposed to multiple traumas before and after immigration, which will adversely affect mental health (Kirmayer, Narasiah, Munoz, Rashid, Ryder, Guzder, Hassan, Rousseau, Pottie, 2011, p. 959-967). Uncertainty about immigration status after immigration, unemployment (unemployment), changes in social status, loss of family members and loss of social support, difficulties in cultural adjustment (for example, change in gender roles), language learning and being unable to

adapt to different lifestyles adversely affect mental health. are risk factors (Teodorescu, Heir, Hauff, Wentzel-Larsen, Lien,2012,p. 316-332). However, there are few studies about Syrian immigrants mental health, descriptive feelings, depression related findings anxiety related findings so it is required to do many more studies on this topic. This study has several special characteristics and there are not any studies similar to this one. For this reason, it is thought that the contribution of this study to the literature will be very high.

When the participants' depression severity in the study is examined; it is observed that 56,6% of participants does not have depression, 13,4% of them has it in a mild severity whereas 11,9% is moderate and 18,1% has it in a severe level. A study in Akçakale Camp; depression score average is calculated as 23,07 (min 6,0- max 47,0) and severe depression symptoms among %8,9 of immigrants (Cihan, Güneş, Türeme and Ağaç,2014,p. 223-230). In our study, average depression score and mild-severity depression is observed lower than other studies (Gammouh, Al-Smadi, Tawalbeh and Khoury,2015,p. 10-12; Lindert, Ehrenstein, Priebe, Mielck and Brähler,2009,p. 246-257; Cardozo, Leisel, Ann and Carol,2004,p. 2637-2644; Jamil, Farrag, Hakim-Larson, Kafaji, Abdulkhaleq and Hammad, 2007,p. 19-25). These findings might have resulted from creating a supportive environment by people hugging each other who share the same lands and destiny.

Depression disorder existence according to having a wage-earning job; it is found as 63,7%. An abroad study has showed that 22,4% of working people 30,2% of unemployment people have depression score as 31 and above (Gammouh et al.,2015). In present study, high depression score in working people is not expected. This difference might result from women's inconvenient working hours and low income.

Having anxiety disorder according participants' depression existence; it is detected that 45,4% of participants has anxiety disorder. The presence of anxiety disorder increases the risk of depression disorder by 2,013 times. In the literature review, it is seen that there are studies in parallel with this finding (John,2012; Hirschfeld,2001).This partnership is thought to be caused by neurotransmitters that are effective in etiology.

Anxiety disorder existence in the current study; it is found that participants who have 3 and above children has 45,4% anxiety disorder existence risk 3,27 times more than having less children. In a mental health study in Turkey, it is found that 63,5% of 133 patients diagnosed with mental disorder has 3 and above children (Aşkin, Karaca, Turan, Kuloğlu and Herken,1996,p. 273-281 ). Therefore, the parallelism between increased children number and increased basic needs and problems has negative effects on anxiety.

Anxiety existense according to the place where participants live; it is found that people living on refugee camp and outside the camp as tenants have more risk than other groups. Anxiety disorder has been found 8,5 times more risky on people who do not live in their own houses than other. It is considered that unsolved issue of need for shelter and safety increases anxiety frequency.

Anxiety existence according to having a wage-earning job; it is found that 43,2% of working people have anxiety disorder. In our study, it is found that

unemployed people are 3,52 times more risky than working people. The necessity of having a wage-earning job in migration receiving country raises chronic stress exposure.

In our study, the presence of anxiety was found to be 41.1% in those who lost any relatives in the war. Those who lose a relative in the war have 10.73 times more risk than others in terms of anxiety. In our country, in an immigrant study; there was no significant difference in the loss of physical loss in the war, loss of a relative and anxiety score (Cihan et al.,2014). The relationship between mental disorders and losing a relative in war has been mentioned in depression findings. The unexpected results of the results of this study within the camp may be due to the homogeneous distribution of age groups.

Anxiety existence according to exposure to violence through lifetime period is found as 43,0% (55,6% sexual violence).There are studies in the literature that give similar results to our study (Cihan et al.,2014; Cardozo et al.,2004; Begic and Mcdonald,2006,p. 319-329).

### Conclusion

More than half of the Syrian migrant women living outside the camps stated that they were inadequate in speaking Turkish, they lost their first degree relatives in the war and they were exposed to life-long violence.

One-fifth of immigrant women use addictive substances, half of the them think that they need psychological support.

More than one third of immigrant women have access to cleaning materials, do not find sufficient household space and they expose to bad words or treatment by Turkish citizens.

In this study, less than half had depression and one third of them had anxiety disorder.

Depression disorder has been found statistically high on women who are widow and divorced, newcomers to Turkey, high school graduates, live on refugee camps, have a disease chronically, work in any kind of job, lose a relative in war, expose to violence and have an anxiety disorder.

Anxiety disorder was found to be high among those who had 3 or more children, were illiterate and literate only, losed a relative in war, exposed to violence, living in a refugee camp, having chronic illness and not working in any job.

### Suggestions

- In regions close to where migrants live, opening up psychosocial support centers where professional translators work free of charge, which are not obliged to make an appointment, and which can be very costly in the long run, enables immigrants to experience less functional loss due to these disorders, thus adaptation processes It can be stated that it will contribute to the acceleration.
- Syrians cannot benefit from some social activities due to language, culture and lifestyle. In particular, directing Syrian women, young people and children to social activities can limit

many social effects and mental health disorders. During the harmonization process, it may be beneficial to build social areas and provide services for Syrians.

- The conditions experienced by Syrians provide a suitable ground for any illegal work. Syrian migrants are vulnerable to drug use and sale, while women are also exposed to prostitution threats. Substance addiction should be tackled in every sense and a supportive environment should be created. Public institutions and private institutions need to produce projects to improve living conditions. Multidisciplinary and multisectoral approach is very important.
- Inadequate household space, especially in camps and rental homes, and insufficient access to cleaning materials, etc. situations show that basic needs are not met. In line with the policies to be made in order to meet the basic needs and reduce the occurrence of mental health disorders; It is recommended that Syrian migrants stay in the sheltered and shed shelters outside the neighborhoods and there are too many people, and the shelter and hygiene conditions in the camps are improved.
- Turkish language education courses, vocational courses, literacy and basic education courses should be opened for the young and working age population with low education level.
- In order to accelerate the integration of migrant women into society, opportunities to work in special conditions can be created for them. Efforts should be made to overcome the inequality experienced by migrant women through their working conditions and economic earnings.
- The transfer of trauma to generations reveals the necessity of taking preventive measures for children's mental health, especially since it may be more intense in mothers exposed to migration and subsequent trauma.

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