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COVID-19
FIELD REPORT

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COVID-19 FIELD REPORT OF HEALTH AND PSYCHOSOCIAL SUPPORT

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1. INTRODUCTION

The first new corona virus incident occurred in Wuhan, China in December 2019. The virus called COVID-19 began to spread rapidly to other countries, and on March 11, 2020, the World Health Organization announced that the epidemic had become a global pandemic. In Turkey, the first cases were seen on March 10, 2020. It was declared that the outbreak spread all over Turkey with the announcement of Ministry of Health on April 1, 2020.

Various measures have been taken to prevent the epidemic and to decrease the rate of spread. A curfew was imposed on certain dates, places such as shopping malls where the public was found were closed, some rules such as the necessity of using a mask for curfew were introduced. With these and similar applications, it was aimed to increase the isolation and reduce the risk of transmission.

Pandemic conditions brought along the sociological, psychological and economic effects. The first data on these effects came from China. In the research conducted between 31 January-2 February with the participation of 1060 people, it was found that around 70% of participants displayed psychopathologic symptoms on a middle and high-level; in particular, it was seen that the level of anxiety about the cleanliness of clothes, the behavior of washing hands repeatedly and the emotions regarding the feeling of self-vulnerability increased. Apart from this, when the findings are examined in the light of participants’ demographic features, it was observed that people over 55 years experienced more severe anxiety regarding the infection risk and that especially the migrants and agricultural workers displayed psychological stress in higher levels; and it was stated that this situation might be related with the difficulties born by the dismissal or suspension of employment depending on the isolation conditions (Tian, Li, Tian, Yang, Shao & Tian, 2020).

The results of another study conducted with 1074 Chinese people is also supportive of the previous findings. It was observed that depression, anxiety and alcohol use increased while the values of mental well-being decreased. This increase was explained with the uncertainty and lack of information on COVID-19 (Ahmed, Ahmed, Aibao, Hanbin, Siyu and Ahmad, 2020). On the other hand, it was stated that individuals may experience situations such as emotional fluctuation, stress, loneliness, boredom and anger under isolation conditions while this might affect the mental well-being negatively (Xiang, Yang, Li, Zhang, Cheung & Ng, 2020; Brooks, Webster, Smith, Woodland, Wessely, Greenberg & Rubin, 2020). In this context, it was supported that loneliness and social isolation is strongly associated with anxiety and depression (Matthews et al., 2020). In an up-to-date study conducted in Turkey, it was seen that children’s concerns for the future and deaths in their family or immediate environment increase the feeling of loneliness and affect their psychological resilience negatively (Çetin & Anuk, 2020).

It was determined with the scanning study about other studies in the field that symptoms of depression and anxiety became prominent and that these symptoms were observed in around 16-28% of the participants. It was also detected that homeless people (Tsai & Wilson, 2020), individuals with currently psychiatric disorder (Zhu et al., 2020) and pregnant women (Rashidi, Fakari & Simbar, 2020) as well as migrant workers and elderly people are within the risk group during the pandemic (Rajkumar, 2020).
In a study conducted in China, it was observed that 54% of the participants affected from the outbreak psychologically in a medium to high-level; %29 had anxiety in high level, %17 showed depression symptoms in a medium to high-level; and it was pointed out that the anxiety and depression symptoms of individuals who had formerly experienced psychological problems were quite likely to increase during this period (Cullen, Gulati & Kelly, 2020).

It is likely that individuals previously diagnosed with psychiatric disorder can have an episode again or the severity of the existing disorder can increase during the pandemic period. For this reason, the necessity for tracing and triage studies during pandemic period was pointed out. The importance of multidisciplinary studies that bring the psychiatrists, healthcare professionals and the relevant doctors together was also emphasized (Zhu et al., 2020). Thus, in the study comparing the individuals with and without psychiatric diagnose, it was seen that the anxiety, depression and post-traumatic stress disorder levels of individuals with psychiatric disorder diagnosis were higher than the individuals in control group during COVID-19 pandemic period (Hao et al., 2020).

It is seen that similar health and psychosocial support is needed for the refugees and migrants, as another risk group. According to a study conducted in Russia (Ivakhnyuk, 2020); uncertainty regarding the issues such as working and living away from the family, change in the lifestyle and not being welcomed in their environment are the main problems that refugees continuously encounter. During COVID-19 period, fear of getting ill and not being able to benefit from the health care, general panic together with the fear of being deported or never being able turn back their homeland with the closure of borders were also added to the relevant problems. A similar subject was mentioned in the report of Charity and Solidarity Foundation and it was stated that COVID-19 outbreak may further push communities into isolation, leading to intensification of boundaries, marginalization and distrust among communities. It was expressed that the groups of refugees and migrants are more likely to be alienated and stigmatized together with the disease. Similar findings were seen in the Advisory Committee report of Turkish Red Crescent Community Center Social Cohesion Program and it was stated that the refugees were concerned about being target group during COVID-19 period (Community Based Migration Programs, 2020).

As a result, it is thought that the views such as being exposed to discrimination, unemployment and not being able to benefit from health care are the fundamental reasons of the anxiety, especially experienced by the refugee and migrant population.
2. HEALTH AND PSYCHOSOCIAL SERVICES PROVIDED DURING COVID-19 PERIOD BY COMMUNITY CENTERS

The services provided in different specialties at Turkish Red Crescent Community Centers were sustained through adaptation to the COVID-19 process by paying regard to the needs of the process. Health professionals and psychiatry nurses at our Mental Health Units performed symptom screening by reaching to the individuals to ensure early detection of COVID-19 symptoms as well as easy access to the health care services while the cases with symptoms were traced and, preventive and social awareness raising information on COVID-19 were also provided.

Up-to-date and reliable information on COVID-19 were provided to the community, institution employees and employees of other institutions and organizations through the trainings for staff and volunteers, and online trainings were organized on the subjects of health and psychosocial. Studies were carried out to share up-to-date information on pandemic with our target population in Arabic and Turkish.

However, elderly people, individuals with chronic disorder, disabled people, pregnant women and children were prioritized regarding the services provided. Adult and infant hygiene kits including basic hygiene needs were delivered to the individuals, especially to vulnerable groups.

Apart from health care services, psychosocial support works were continued intensively during COVID-19, paying regard to the psychological effects of the pandemic. Therapy sessions were conducted online. The request form, which was prepared to facilitate access to psychosocial support services, was disseminated through volunteers, staff and social media channels in an accessible format and psychological symptom screenings were searched by individuals, especially the most vulnerable community center beneficiaries. In this way, it was aimed to meet the need for psychological support, arising or exacerbating during COVID-19 period. In addition, psychoeducation, group work and seminars were continued online. In particular, it has been observed that young populations can be reached more easily through online services and effective group activities are conducted.

During COVID-19, videos were created in order to support the mental health of adults and children through social media and mobile communication applications to reach the community. These include videos titled as follows; Autogenic Relaxation; How Can We Support Our Elders During COVID-19 Process?; Safety, Distance Education, Simple Breathing Exercises; Memory Enhancing Games; How To Tell Children Coronavirus?; Routine and Prohibition Regarding Children; Nourishment Regarding Children; Anxiety Situations in Children; Self-Compassion; Diaphragm Exercise; 0-2 Age Play; 3-6 Age Play, and 11-18 Age Play.

In addition, individual interviews, supervision and employee support sessions were held by psychiatrists to support the staff within the institution.

In this process, psychosocial support services for children were also provided. Parents were contacted through child development specialists, the development of children was followed and necessary information was provided to the families of children with behavioral problems. In this context, online seminars were organized while event contents and videos were created and shared to support children’s fine and gross motor skills. In addition, the situation of children with disabilities continued to be monitored online and the families were informed about their children’s developmental needs.
3. FINDINGS AND EVALUATION

Within the scope of COVID-19 symptom screening calls carried out by our healthcare professionals, 519 people were reached by Ankara Community Center, 1018 people were reached by Istanbul Bağcılar Community Center, and 968 people were reached by Istanbul Sultanbeyli Community Center while 1427 women and 1078 men, 87% of whom were Syrian, were reached in total. However, only 1.45%, 2.35% and %6.19 of the wanted people stated that they showed at least one symptom, respectively (See Graphic).

Comparative table of symptom screenings and symptom findings

When the symptom screening calls and symptom showing rates are examined, it is seen that most of the individuals called did not display any symptom. Based on the feedbacks received during the calls, it was thought that the situation might be related with the concerns of those people about stigmatization and along with it, being alienated socio-economically.

Comparing January-February 2020 and April-May 2020 data of the Community Center, it is observed that the number of applications regarding anxiety disorders and depression has increased, similar to previous research.

However, there was a decrease in the number of applications regarding post-traumatic stress disorder and family counseling. The first data coming from China, especially in Wuhan and its surroundings, are indicative of anxiety and depression symptoms as well as post-traumatic stress disorder symptoms (Liu et al. 2020; Wang et al. 2020). Relevant studies were conducted between January and February, at the time and place where pandemic cases appeared intensely. For this reason, although the first findings support the symptoms of PTSD, further follow-up is required to determine whether Post-Traumatic Stress Disorder develops. As a matter of fact, in the second study conducted by Liu et al. (2020), the symptoms of PTSD decreased significantly. In addition, in another study conducted in the pandemic process, it was found that the traumatic effect on the participants was low and that the social support as well as shared emotions which the majority of participants received from their family and friends increased in this process (Zhang & Ma, 2020).

It is known that social support is a protective factor especially in difficult life events (Korol, 2008; Sippel, Pietrzak, Charney, Mayes & Southwick, 2015). Considering the data of the Community Center, it was observed that despite this isolation and frequent layoffs, family counseling applications were lower than before the pandemic. However, based on the field observations and previous findings, it is necessary to take into account the domestic effects of the outbreak and the difficulties in accessing psychosocial support in relation to the increase in the need for family counseling while the decrease in the demand for services.

Another reason for the low number of applicants with symptoms of acute stress in the first place in Turkey, can be having a state of unlikelihood which is included in the definition of traumatic events. As a matter of fact, before the outbreak reach to Turkey, people were informed about the it and necessary information was given, risks regarding contingencies were decreased by delivering services -which could not be conveyed to people- through alternative ways thanks to the measures of institutions and organizations.

In the meantime, during the psychosocial services provided by Turkish Red Crescent Community Centers, it was observed that some of the beneficiaries, who had experienced war and migration, they reflected on their past experiences such as being tortured in a compound or being housebound. This observation lead to the thought that the severity of existing psychopathologies was likely to increase in this period. The findings are to be interpreted in the light of advanced data with the tracing of cases.

Observations compiled from the field about the conspicuous points regarding mental health during COVID-19 were gathered under the relevant titles and they provide opinions for the prospective studies.

Psychological Consultation Subjects
4. OBSERVATIONS ON PSYCHOSOCIAL IMPACTS OF COVID-19 PANDEMIC

During triage, individual interview and psychoeducation performed at Community Centers during pandemic, feedbacks such as having somatic complaints, feelings of anger and fear, being anxious and depressive were received from Turkish and Syrian adult participants. It was observed that health problems such as immobility, disturbed sleep, overeating and weakening of immune system due to staying at home all day pose serious risk for all age groups. Especially with the Syrian individuals who experienced multiple traumas (migration trauma, stigmatization, violence, torture etc.), a general pessimism, learned helplessness feeling and a state of indifference to hygienic measures which can be exemplified with the sentences such as 'It is the end of world already', 'What can happen more?', 'We are not afraid Corona', 'Corona don't harm us' were observed. In this regard, during the meetings with Şanlıurfa Community Center beneficiaries, similar expressions such as: 'the outbreak is nothing, we saw worse, we lost our relatives, homes and country', 'corona is pale in comparison with the difficulties we faced on migration route' were also encountered often.

4.1. Psychosocial Reactions Observed in Parents

Although quarantine practices such as closing schools and staying at home are necessary and important, they affected the routine lives and support systems of children. This situation also created a new stress resource for individuals who had to leave their jobs since they had to look after their children or who had to work from home. It was observed that the parents displayed overanxious, alarming, splenetic, protective and watchful approaches. It is known that over-anxiety of parents can affect mental health of the children and adolescents negatively. On the other hand, it was considered as an expectable situation that having these kinds of feelings, undesirable thoughts coming to mind, and change in routine behaviors at a certain level during this extraordinary circumstance occurred at the same time around the world.

4.2. Domestic Impacts

It is known that social support in disasters and crises have positive effect on people who affected from the disasters and crises (Eskin, Ertekin, Harlak & Dereboy, 2008; Karlidere & Özşahin 2008; Şentürk & Saraçoğlu 2013; Polat & Kahraman 2013, Felix & Afifi 2015). However, as it spread from person to person, the outbreak has almost cancelled out the outdoor social life for communities with decreased social support, restricted human relations, and low socio-economic level, especially the ones who may have difficulty in access to internet. Physical distance, which was increased to prevent the outbreak, actually increased the physical connection within the family, though it was observed that the difficulties of this period caused domestic conflicts for some families. During the outbreak, data stating that the domestic violence increased in many countries (New Zealand, Spain, Cyprus) are found (Jones, 2020; Mackoli & Mackoli, 2020). According to the research dated 3-8 April of Socio-Political Field Research Center in our country, violence against women increased 27.8% during COVID-19 outbreak. In the meetings with male individuals, some of them stated that they had difficulties in ‘toleration’ to their children and wives. Males who continuously work for long hours at physically demanding jobs after the war stated that they had to face with the problems during the period that they had to stay at home. It was also thought that the existing problems increased during the staying at home period as the level of awareness about subjects such as family communication and boundaries.
4.3. Psychosocial Reactions of Children

It is known that many students referred to online devices to continue education and to socialize upon the closure of schools around the world due to COVID-19 outbreak (Duan & Zhu, 2020). Problems and violence, which can happen intra-personally, can be seen as cyber bullying on social media.

Cyber bullying is a type of bullying through digital technologies. These kinds of bullying can be seen on social platforms, messaging platforms, gaming platforms and mobile phones. They are defined as an entire repetitive behavior towards frightening, teasing or embarrass the targeted individuals (Smith et al., 2008).

As children being the most vulnerable group regarding the risks that come with technological advancements, it is observed that monitoring and risk measurement is difficult since access to computers and telephones is higher while limiting this access becomes exceedingly difficult due to the new routines of outbreak period. For this reason, a significant increase in peer bullying and cyber bullying among children 7-18 ages was detected, and it was observed that they need support on this issue. It is known that the rate of bullying, which was also seen in Syrian asylum-seeker children before the outbreak, has increased significantly and evolved into cyber bullying (Kolukırık, 2014). It was thought that the social support necessary to cope with this situation could not be provided online and that there were no restrictions on this issue boosted the problem.

It is known that children who are exposed to bullying have psychological disorders in different types and intensities (Büyükhan, 2019). Therefore, it is important to provide psychological support service to these children.

In addition to this, it was observed that problems in sibling relations and parent attitudes increased while the children had attention and concentration problems, and their feelings of anger and uneasiness also increased. It was reported by Şanlıurfa Community Center that children especially felt frightened to go out in case of getting infected and had anxiety. In this context, understanding and acknowledging the anxiety and fear of the children as well as making realist explanations in a language that they would understand are known to be helpful for the children (Ercan, Arman, Emiroğlu, Öztop, & Yalçın, 2020). However, it was observed that children were not informed about COVID-19 by the parents. Regarding the children who were not able provided with necessary information about the reasons for not being able to go to school and to go outside, unfavorable behaviors increased at home as their families reported. At this point, mobile activity recommendations were given for children who stayed at home to work off their excessive energy. With these activities, the transformation of discussions between the siblings into competitive games and the states of uneasiness into new acquisitions was endeavored. Moreover, hanging a responsibility chart in child’s room for sleeplessness, poor appetite, and behavior problems and positive reinforcements like putting a star next to the activities (such as tidying up the room and going to sleep on sleeping time) realized on time were recommended as a solution method and were monitored.

4.4. Fundamental Needs

Institutions and individuals who will support the community can also feel helpless and anxiety since they are also affected from the outbreak. In this context, non-governmental organizations continued their studies remotely while the supporting services for the needs increasing in the field could not be realized on a desired level.

It is reported in the researches that in the countries affected by the virus, the disease socioeconomically affects the lower sections more and that these people are more likely to be infected. In the countries affected by the virus the most, it is stated that the outbreak is more fatal in the regions where poor people live. People living in these areas are more likely to contact with the virus since they do not stay at home as they have to maintain their jobs and survive. It is known that people who work on the street and do not have any employment security are more likely to carry the virus to their household as they do not comply with the lockdown measures.

Especially the individuals with serious health problems and chronic diseases are under great risk during these kinds of outbreaks. Young people, who already have faced with unemployment in crises periods, has become more vulnerable to decreasing labor demand while the aged workers, women and men as well as migrant workers working in unrecorded sectors and having deprived of employment security are also under great risk in crises periods. It was seen during the triage meetings that increase and urgency in the needs of clients who were already in financial difficulties caused individuals to feel a deep hopelessness. It was observed that they especially in need of food and health support, and that they were not able to pay their rents and bills. It was thought that the situation led many psychological and social problems, which were previously mentioned, to increase.
5. IMPLICATIONS OF SERVICE PROVISION

Turkish Red Crescent Community Centers targeted to continue their studies during the pandemic period within the scope of all measures. While health and psychosocial support services were offered, some difficulties brought by the conditions of pandemic and quarantine have been experienced from time to time, various solutions have been developed in the process and a transition has been made to the new normal process with many gains.

Psychological consultancy services and sessions were continued online. The fundamental problems seen in the sessions conducted during the pandemic process were as follows: clients who are member of extended family and live in tiny spaces to create an appropriate environment; clients who have limited balance; and unfamiliarity with online sessions. Moreover, it is known that migrant groups live in basements of the buildings and, therefore, it was reported that internet connection problems occurred during the sessions. Nevertheless, the efficiency of online meetings increased. It was thought that this was related with the increase in familiarity to the online meetings. The process of getting familiar with online support provision was reinforced with the right referrals through informing the clients about the necessities of the meeting environment. Upon entering the normalization process, individual psychological support studies have been initiated face-to-face with individuals who have difficulty in maintaining online meetings and who need advanced psychological support.

As part of the services provided by the child development specialists, it was detected that there were generally contradictions in the information received from the families during the first and next follow-up calls. For example, they reported that the developmental problems stated in the first meeting did not continue in the nest meetings. In order to solve this contradiction, permission was obtained to monitor the child online and efforts were made to render the meetings interactive as much as possible. It is also thought that the related contradiction occurred due to the lack of trust relationship in the first calls.

It was observed that the participation to the parent groups created for the activities which can be applied for children at home gradually decreased. It was observed that the motivation and participation started to increase upon the revision of contents which were developed through one-to-one calls and in line with needs analysis. On the other hand, efforts were made to develop alternative solutions to the activities performed with special materials. Solutions such as using towel paper instead of colored ethylene vinyl acetates (eva); using colored foods such as coffee, yolk and tomato paste instead of colored dyes; using egg whites instead of glue; and utilizing nested socks instead of mini basketballs were developed. Moreover, apart from the verbal expression, translator support was taken for language barrier when needed in sharing the activities or their stages and implementation were shown by transforming the activity into video/image format.

As part of pandemic measures, working from home had some effects on the employers. Although the boundaries between the places where work and private life were
maintained became uncertain and the attempts to maintain the parental-employee roles at the same time made the adaptation to the process difficult, the ‘employee support sessions’ organized by psychiatrists; psychodramatic support group studies for employees by Psychodrama Institute; and maintaining the online supervisions with psychologists by psychiatrists contributed to clarifying goals and plans and overcoming the defined difficulties. During all this period, it was observed that powerful in-team communication and collaboration had facilitating effects on generating solutions.

Lastly, although it was observed that the needs of people reached by the specialists increased regarding financial aids, it was stated that there were difficulties in making the required referrals and meeting the demands due to the limited number of institutions and organizations that would provide aid-in-kind. At this point, there is a need for broader and large numbers of aid works.

Apart from the difficulties, service providing specialists also had professional achievements during pandemic period. Maintaining to provide services online made professional growth and improvement necessary. Besides, efforts were made to increase institutional potential for providing service in pandemic order and to reach wider range of populations through strengthening program-to-program collaboration. Continuing many services such as informing the people properly, carrying out field activities and offering health-psychosocial services contributed significantly to the development of required skills to manage crises periods. Field studies on mental health, improvements observed in anxiety level through information and psychological support as well as maintaining connections with the beneficiaries increased the motivation of service providers.

As a result, although various difficulties were encountered in providing health and psychosocial support in the COVID-19 Pandemic process, health and mental health professionals aimed to overcome these difficulties. The developed solutions are continued in the new normal.
6. REFERENCES


- Çocuk Ve Ergenlere Yönelik Psikososyal ve Ruhsal Destek Rehberi(2020).


• Community-Based Migration Programs (2020). COVID-19 salgınına ilişkin bilgilenme ihtiyacı: danışma kurulu. Turkish Red Crescent


