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Turkish Red Crescent Mental Health and Psychosocial Support Program: A Process Evaluation

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The report was developed and implemented as collaboration of the Psychosocial Unit of TRC and Center for Global Health at University of Illinois in Chicago.

The content and results of this report are those of the experts engaged in this project and do not necessarily represent the views of TRC or UIC.

List of Abbreviations

MHSUT	Mental Health Support Unit Teams
TRC	Turkish Red Crescent
PSS	Psychosocial support
PSSP	Psychosocial support program

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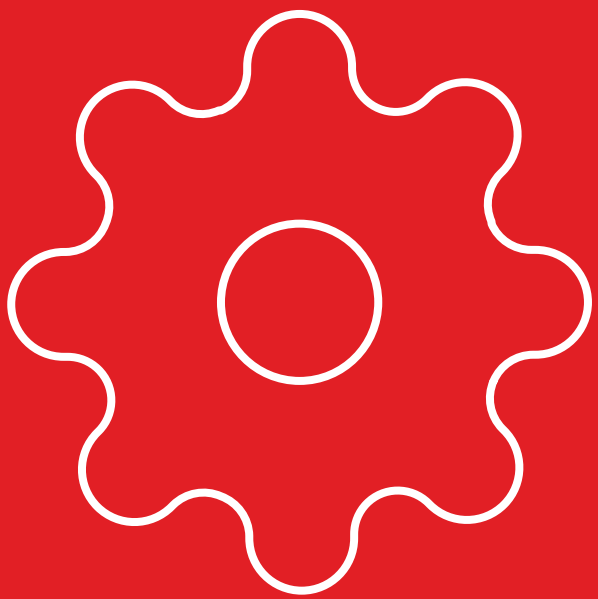
CHAPTER 1

Framework



1.1. Project Overview

Goals

The overall purpose of this evaluation was to improve the quality of mental health and psychosocial programming provided by the Turkish Red Crescent (TRC) for Syrian refugees in community centers in Turkey.

Needs

Turkey has more refugees than any other country, about 4 million people, of which 3.7 are Syrians. Most of these refugees (98%) live outside of camps or urban areas under challenging and impoverished conditions (UNHCR, 2022). Turkey has been making significant efforts in providing services to registered refugees, including investment in education and healthcare (ECPHAO, 2022). However, the cost of living and lack of access to regular income creates difficulties for vulnerable families to meet their basic needs including food and housing, sometimes causing families to resort to child labor and early marriage for financial support. Many refugees, both children and adults, are coping with various mental health problems (Alpak et al. 2015; Sapmaz et al. 2017).

TRC has implemented more mental health and psychosocial services than any other non-governmental organization. The organization currently provides necessary and high-quality mental health and psychosocial services to thousands of Syrian refugees in 16 community centers throughout Turkey. The dedicated staff consists of clinical psychologists, social workers, case managers, teachers, and volunteers. The Turkish Red Crescent provides services under four main pillars, which include (1) Protection, (2) Health and Psychosocial Support, (3), Livelihood Development, and (4) Social Adaptation. Our current focus of this evaluation explores the second pillar, specifically Psychosocial Support, through the analysis of group and individual mental health interventions at TRC community centers.

There are several key areas of need to improve our current psychosocial services, including 1) culturally competent measures to evaluate ongoing psychosocial services; 2) brief evidence-based interventions; 3) a more structured psychosocial program with tiers of services, rather than the often fragmented intervention modules implemented now; 4) strategies to address drop-out rates, and 5) modification of services developed in emergency phases.

Summary of Prior Reports on PSS in TRC

TRC has conducted multiple needs assessments and community center evaluations that have offered areas of improvement for our services.

In 2018, the PSS health program benefited 133,318 individuals (TRC Community Centers Report, 2018). A 2018 report conducted at the Ankara community center cited communication and employment difficulties as primary concerns. Focus groups found that beneficiaries had high traumatic experiences, such as witnessing armed conflict or losing family members, especially among male participants. Mental health problems associated with war and forced migration were most prevalent, but the level of awareness among Syrian refugees regarding psychiatric and mental health issues was low. However, beneficiaries were overall satisfied with living in Turkey due to the safe environment (Karatas et al., 2018). The 2018 report recommended increased psychosocial support for working adult men and individuals who had undergone trauma. In response, Mental Health Units consisting of at least one psychiatrist, psychologist, child developmental specialist, psychiatric nurse, and two translators were implemented in 12 community centers across 11 provinces (Gormez et al., 2020).

Based on prior reports, challenges for implementation of psychosocial include language barriers during counseling sessions and unfamiliarity of beneficiaries with psychiatric counseling interventions grounded in Western methodology (Karaman et al, 2016). The need for multiculturally competent mental health counselors was expressed, as well as increased cultural competency when considering design of future mental health services. An overall greater need for PSS staff and services was also requested (Patko et al., 2016).

Additional concerns identified in past reports include child labour, increased education and employment opportunities for financial stability, social cohesion activities, peer bullying, poverty, and language barriers.

Methods

We worked with TRC to conduct a *process evaluation* using ethnographic, survey, and community collaborative methods. A process evaluation examines the course and context of a program to understand what is happening, identify best practices, understand the program in its broader context, and why it turned out the way it did (Moore et al., 2014). This type of evaluation is used to readjust or recalibrate an ongoing program. A process evaluation determines whether program activities have been implemented as intended. Results of a process evaluation strengthen abilities to report on a specific program and use the information to improve future activities. It allows tracking of program information related to:

- What has the program done?
- What are the barriers/facilitators with implementation of program activities?
- What types of changes are activities expected to have on the target populations (both short- or long-term outcomes)?
- What are the attitudes of service recipients towards these activities and towards psychosocial/mental health services?
- What are the strengths/weaknesses of the programs' activities, and how can they be improved?
- Beyond present day activities, what types of activities should be conducted to improve psychosocial well-being?

Initial Aims

Specific Aim 1: To characterize the present and anticipated future local context of the program and identify areas of need as defined by refugee families, psychologists, program managers, and community advocates.

Specific Aim 2: To characterize the fit, or lack thereof, between existing psychosocial programs and the perceived needs of refugee families in the present and anticipated future local context, and to refine the existing logic model.

Specific Aim 3: To provide a set of culturally competent measures for subsequent implementation into monitoring of individual cases and program outcomes.

Scope of Work

The process evaluation included field observations, qualitative interviews, focus groups, and an online survey. The participants included TRC service providers and administrators (managers, case workers, psychologists, social workers, teachers, volunteers), recipients across multiple service activities, and other key informants (community advocates, service providers, academics). We conducted surveys, site visits, focus groups, and qualitative interviews at 13 community centers.

Based on the analysis of our qualitative and quantitative data, we will generate a preliminary draft of a logic model for design of a revised psychosocial support program. We then will collaborate with TRC leadership to review the logic model with stakeholders and incorporate their feedback to best meet their needs. This will ultimately contribute towards building of a culturally competent measurement package that can be utilized to implement the revised program components.

Evolving Context of Evaluation

During the course of this evaluation, TRC encountered two major contextual changes. One was a shift from a psychosocial support program alone to a mental health *and* psychosocial support program, with more emphasis on individual clinical services. Another major contextual change was the COVID-19 pandemic, which caused suspension of in-person sessions, reliance upon online and telephone survey delivery, and a funneling of TRC services towards assisting the community with COVID-19 related concerns.

1.2. Executive Summary

Background

Turkey continues to host the largest number of refugees globally, about 3.6 million registered Syrian refugees and 320,000 of other nationalities (UNHCR, 2022). Since 2011 when the Syrian crisis began, the Turkish Red Crescent (TRC) has provided various services for refugees, including psychosocial services. Since 2015, TRC has opened 16 community centers aiming to provide services to refugees and the local community. In the majority of these community centers, services are provided under four main pillars:

1. Protection: Focusing on access to fundamental rights and services; Child protection and access to education; Prevention of human trafficking and intervention for the victims of trafficking; Prevention of violence and combating violence; In-kind assistance for protections needs.
2. Health and psychosocial support (PSS): Psychoeducation and psychological counseling; Supporting public health.
3. Livelihood development: Orientation to employment; Entrepreneurship; Agriculture and Livestock.
4. Social cohesion: Improving the culture of living together; Volunteer services; Strengthening the Public and Civil society; Community participation and accountability.

Since 2019, a new project in TRC has been implemented titled the “Strengthening Mental Health Project”. This project formed Mental Health Support Unit Teams (MHSUT) to collaborate closely with the psychosocial programs and team members. These MHSUT were composed of psychiatrists, clinical psychologists, and child development specialists.

Psychosocial Services within TRC Community Centers

TRC, through psychosocial support and health programs, aims to help the social functioning of their beneficiaries and focus especially on displaced populations to help them strengthen their coping mechanisms and alleviate the potential negative psychological impact of war experience and as result of difficult social and economic conditions of being a refugee. Services aim to engage refugees in psychosocial resources; prevention and awareness raising in health problems; access to health services; individual and group therapy; psychoeducation.

Purpose of Evaluation

The current evaluation was conducted between 2019-2021 to explore the present and anticipated future local context and identify areas of need defined by the refugee families, psychologists, program managers, and community advocates. The second aim of the evaluation was to characterize the fit, or lack of fit, between existing psychosocial programs and the perceived needs

of refugee families in the present and anticipated future local context and to refine the existing logic model so as to identify adjustments to programming, which could involve evidence-based interventions structured in several tiers.

Evaluation Methodology

In collaboration with TRC psychosocial and monitoring and evaluation unit we conducted a process evaluation that utilized ethnographic, survey, focus groups, interviews and community collaborative methods as data collection process. During the evaluation process, we have conducted 13 visits to centers and interviews with managers, focus groups with adult and adolescent beneficiaries, and focus groups with PSSP staff. Following the initial four site visits, we designed a questionnaire for beneficiaries and PSSP staff. These measures were piloted and administered to 904 beneficiaries and 55 PSSP staff.

1.3. Key Findings

Beneficiaries

1. The top three major issues for beneficiaries are employment, children's education, and learning the Turkish language. This was followed by children's health and psychological development, discrimination and mental health, and coping with daily difficulties.
2. The main reasons for getting in touch with TRC services include financial problems, children's behavioral problems, and health seminars.
3. About a quarter of Turkish and refugee beneficiaries contacted TRC services for emotional-related problems.
4. Most beneficiaries hear about TRC services from word of mouth, friends, or social media.
5. The vast majority of beneficiaries are women and unemployed individuals.
6. The most common services received are individual counseling, health education seminars, child-friendly preschool services, adult psychiatric services, child psychiatric services, and group counseling. Psychoeducation was the most common additional service mentioned.
7. Satisfaction (from 0 to 10) with the services mentioned above was relatively high on average as reported by the beneficiaries, ranging from 8.5 for child psychiatric services to 9.2 for health education seminars.
8. Satisfaction (from 0 to 10) with PSSP staff was relatively high on average as reported by the beneficiaries, ranging from 8.4 for program fit to 9 for satisfaction of receiving services in their preferred language by staff.
9. Beneficiaries who reported no reading and writing skills had lower averages of satisfaction with PSSP staff compared to those of beneficiaries who were able to read and write, as well as beneficiaries with university degrees.
10. The most common health seminars received were on first aid training, basic hygiene, access to health care, use of pharmaceuticals, and pregnancy health control. The majority reported attending 1-2 sessions.
11. More than 1/3 of refugee beneficiaries received more than six sessions of individual counseling. Almost half received 1-2 sessions. Nearly half of all beneficiaries have received 1-2 sessions of adult psychiatric or child psychiatry services.
12. Almost half of the respondents' reported benefiting from online or phone services from TRC during the COVID-19 pandemic.
13. The majority of beneficiaries that receive psychosocial services are those with primary school education (grades 1-5) and those who can read and write, followed by beneficiaries with middle and high school education.
14. The majority of beneficiaries who received more than six individual counseling sessions had primary school (grades 1-5) education, or reported basic ability to reads and write.
15. Child labour is one of the significant barriers to attending school. Attendance seems to be even lower in Urfa, where children are involved in agriculture and seasonal work.

16. The most common services requested but not received from refugee beneficiaries are: Turkish language courses, child psychiatric services, education programs, computer courses, safe preschool areas, and group counseling.
17. Beneficiaries who are employed or students were more likely to report not receiving services including individual counseling, adult psychiatric services, child psychiatric services, group counseling.
18. Individuals who attended more sessions overall reported higher levels of satisfaction with services received.
19. Beneficiaries reported increased mental health hardships during the COVID-19 pandemic due to economic hardships and lack of social contact.
20. Focus groups demonstrated high stigma attached to seeking mental health services.
21. Discrimination and bullying in school appear to be a significant challenge for refugees and school managers.
22. Many beneficiaries report constant worry and concern over their legal status and fear of possible forced return to Syria. Their future is in Turkey due to better opportunities for their children.
23. The recent introduction of paying fees in universities for Syrian students was considered a significant drawback for their further integration and development.
24. Barriers to beneficiaries receiving services include months-long waiting lists, lack of technology for communication, transportation to services, lack of childcare services, mental health stigma, and work schedules.
25. Beneficiaries expressed immense satisfaction and gratitude for TRC services.
26. There are high dropout rates from pharmacotherapy sessions and medication cessation once symptoms improve.
27. Early marriages are reported to be an issue, especially as women have fewer opportunities for education and work due to conservative attitudes on gender roles.
28. There are several structured interventions in school settings. However, there are no evaluations.

PSSP Staff

1. The majority of staff had no previous experience in other psychosocial organizations prior to starting at TRC.
2. The average working experience of staff in TRC is 2 years.
3. Staff at TRC centers observe a large turnover of members and volunteers, of the latter many of which are high school students.
4. The staff reports feeling competent in their work in terms of understanding expectations and required duties.
5. There are few measures or assessments in place used by PSSP staff, such as initial or follow-up assessments. There is a low motivation in implementing measures into everyday work 5.8 (from 0 to 10).
6. Staff considers fit of the programs in addressing needs of the refugees to be 7.7 (out of 10). A lower average is observed for items measuring evaluability of the programs (6.5 out of 10).
7. Staff reports need for improvement of physical working conditions.

8. Staff report they had adequate access to COVID-19 protection measures and technological equipment to continue carrying their work out online.
9. The staff reports a relatively high motivation level, especially when considering the organization's limited financial reward evaluation and promotion possibilities.
10. Employee workload at TRC centers is relatively high.
11. Some of the staff report difficulties in getting regular professional supervision which would help them to do their work better. However, this improved in the second phase of the evaluation.
12. Staff request more team social activities or monthly meetings to improve motivation.
13. Staff reports improved reach to clinical populations with the introduction of MHSUT.

1.4. Recommendations

Strategic level

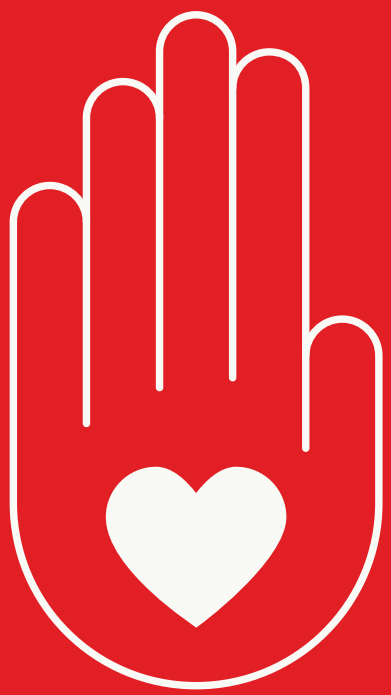
1. Modify the current pyramid framework of psychosocial delivery to better delineate group, family, and community programming.
2. Consider re-organizing service delivery in a stepped care format, where persons with less severe conditions receive lower intensity treatments. Higher intensity treatments are reserved for those with more severe conditions or who do not respond to less intensive care.
3. Further develop non-specialist and community/family psychosocial support services, primarily aimed at addressing those with sub-clinical needs and risk exposure.
4. Regarding non-specialist programming, consider introducing low-intensity group interventions for clinical and sub-clinical populations in the community centers.
5. Develop new community, school, and family interventions focusing on prevention related to problems jeopardizing social cohesion and mental health, especially bullying, discrimination, early marriage, domestic violence, and suicide.
6. Partner with Syrian physicians to provide evaluation and psychoeducation regarding mental health problems in primary medical care.
7. Incorporate a task-sharing model where volunteers or non-specialists work alongside specialists to provide MHPSS.
8. Develop a new volunteer model where volunteers could be trained to provide MHPSS service delivery.
9. Future planning and interventions should focus on the economic and cultural integration of Syrian refugees in Turkey.

Operations Level

1. Promote flexible mobilization of TRC's four main programs, fill staffing gaps, and support comprehensive implementation of the computerized monitoring and evaluation system.
2. The introduction of the triage system through psychiatric nurses within mental health care services should be continued and extended in other TRC centers.
3. TRC should address the volunteer model, new models for mental health prevention among adversity, implement task-sharing models, and include more evidence-based interventions in practice.
4. Provide opportunities for scholarly/academic work by TRC practitioners, especially involving action-based research.
5. Provide regular supervision and work with psychosocial staff in individual professional development plans.
6. Provide training for psychosocial staff more in tuned to the needs addressed by them.

CHAPTER 2

Methodology



2.1. Questionnaire

Measures used for beneficiaries

The questionnaire (see annex 1) for the beneficiary satisfaction was developed after initial focus group interviews were conducted with beneficiaries and services providers in 2019. These interviews were held prior to the COVID-19 pandemic, including in two TRC centers in Istanbul, Bursa, Gaziantep and Ankara. The questionnaire was informed by this initial data and literature review, as well as additional questions related to the COVID-19 pandemic. We used several items from the Afghan Scorecard to design this questionnaire (Peters et al, 2016).

Administration of the questionnaire

The questionnaire was administered by phone by the TRC staff. On average, the questionnaire administration lasted 20 minutes.

Sampling

The sample was selected using TRC statistics from 2020 on the total number of services provided at each center. We used proportional sampling as seen in Table 1. Since we focused on psychosocial services, we oversampled the following services: individual interview/counseling, support groups, and child friendly services. This resulted in 80 interviews per center. The centers included were Ankara, Bursa, Gaziantep, İstanbul-Bağcilar, İstanbul-Sultanbeyli, Izmir, Kahramanmaraş, Kayseri, Kocaeli, Konya, Mersin, Şanlıurfa. Some of the data were omitted due to missing values.

TABLE 1. Sampling frame from which the beneficiaries were selected from each center.

TRC Community Centers PSS Services	Number Of People Reached	Percentage	The number of people to be reached
Individual interview/ counseling	5694	1.79%	10
Psychoeducation sessions	100542	30%	20
Support groups	11281	3.36%	10
Health seminars	143652	42.8%	20
Health screenings	50589	15.1%	10
Child friendly services	23269	6.9%	10
TOTAL	**335027**		**80**

2.2. Quantitative Survey Data Results

BENEFICIARIES

Refugee demographics

There were 930 responses to the online survey by TRC beneficiaries. Of these responses, 759 were refugees (81.6%). More women than men responded to the survey (79.6%). For education, most refugee respondents reported ability to read and write at a primary school level (75.2%). Most are married (75.4%) and unemployed (78.8%). The most common number of people living in the household was 5-9 (67.2%).

TABLE 2. Demographic characteristics of all beneficiaries

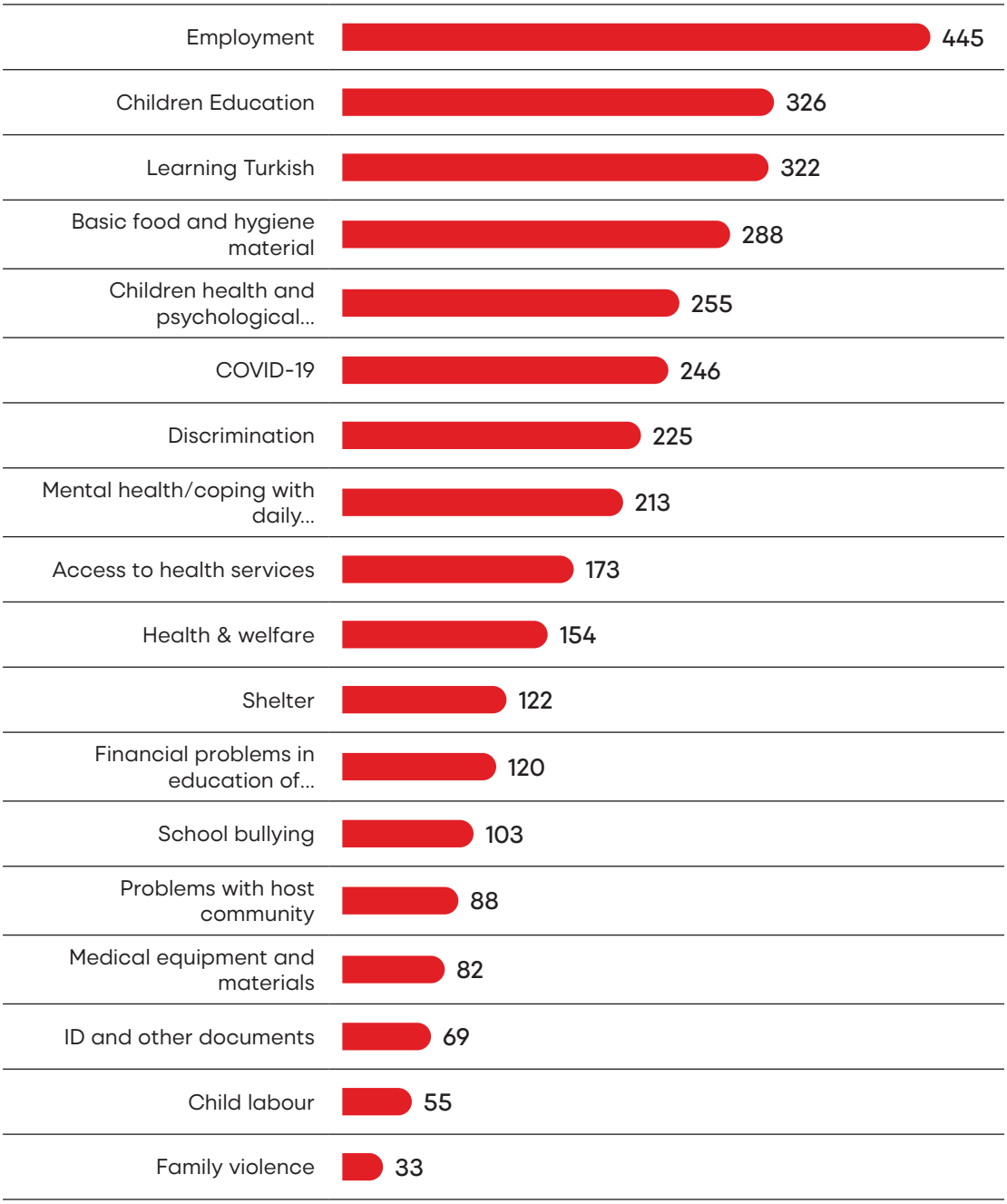
	Turkish		Refugee	
Gender	**n = 141**	**%**	**n = 759**	**%**
	120	 85.1	604	79.6
	21	 14.9	155	20.4
Age	**n = 141**	**%**	**n = 759**	**%**
18-24	31	22.0	114	15.0
25-34	56	39.7	264	34.8
35-44	46	32.6	270	35.6

	Turkish		Refugee	
45+	8	5.7	111	14.6
Education	**n = 135**	**%**	**n = 742**	**%**
Doesn't read and write	3	2.2	65	8.8
Primary School, reads and writes	43	31.9	558	75.2
Middle or High School	23	17.0	39	5.3
University +	66	48.9	80	10.8
Marital Status	**n = 141**	**%**	**n = 759**	**%**
Divorced or Widowed	12	8.5	108	14.2
Married	89	63.1	572	75.4
Never Married	40	28.4	79	10.4
Employment	**n = 137**	**%**	**n = 713**	**%**
Unemployed	69	50.4	562	78.8
Working	32	23.4	80	11.2
Student	36	26.3	71	10.0
Number of people in household	**n = 141**	**%**	**n = 759**	**%**
1 - 4	95	67.4	206	27.1
5 - 9	45	31.9	510	67.2
> 10	1	0.7	43	5.7

Major issues in everyday life of the refugee respondents

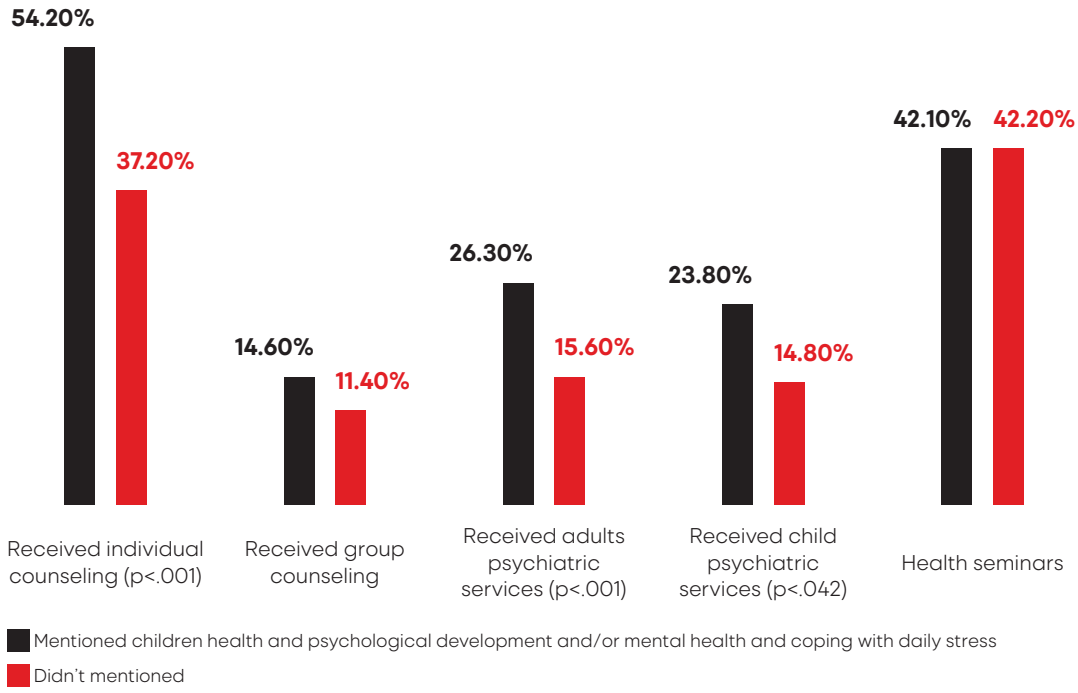
The top three major issues in everyday life for the refugee respondents were employment (445), children's education (326), and learning the Turkish language (322) (Figure 1).

FIGURE 1. Major issues identified by the beneficiaries of TRC centers



For further analysis, we created a dummy variable coding participants who responded with one of their main problems to be 'children's health and psychological development' and/or 'mental health and coping with daily stress'. We then looked at whether they received specific psychosocial services. The table below presents their percentages in receiving specific services. Beneficiaries that mentioned these two issues as their most major life problems more significantly reported receiving individual counseling, adult psychiatric services, and child psychiatric services (Figure 2).

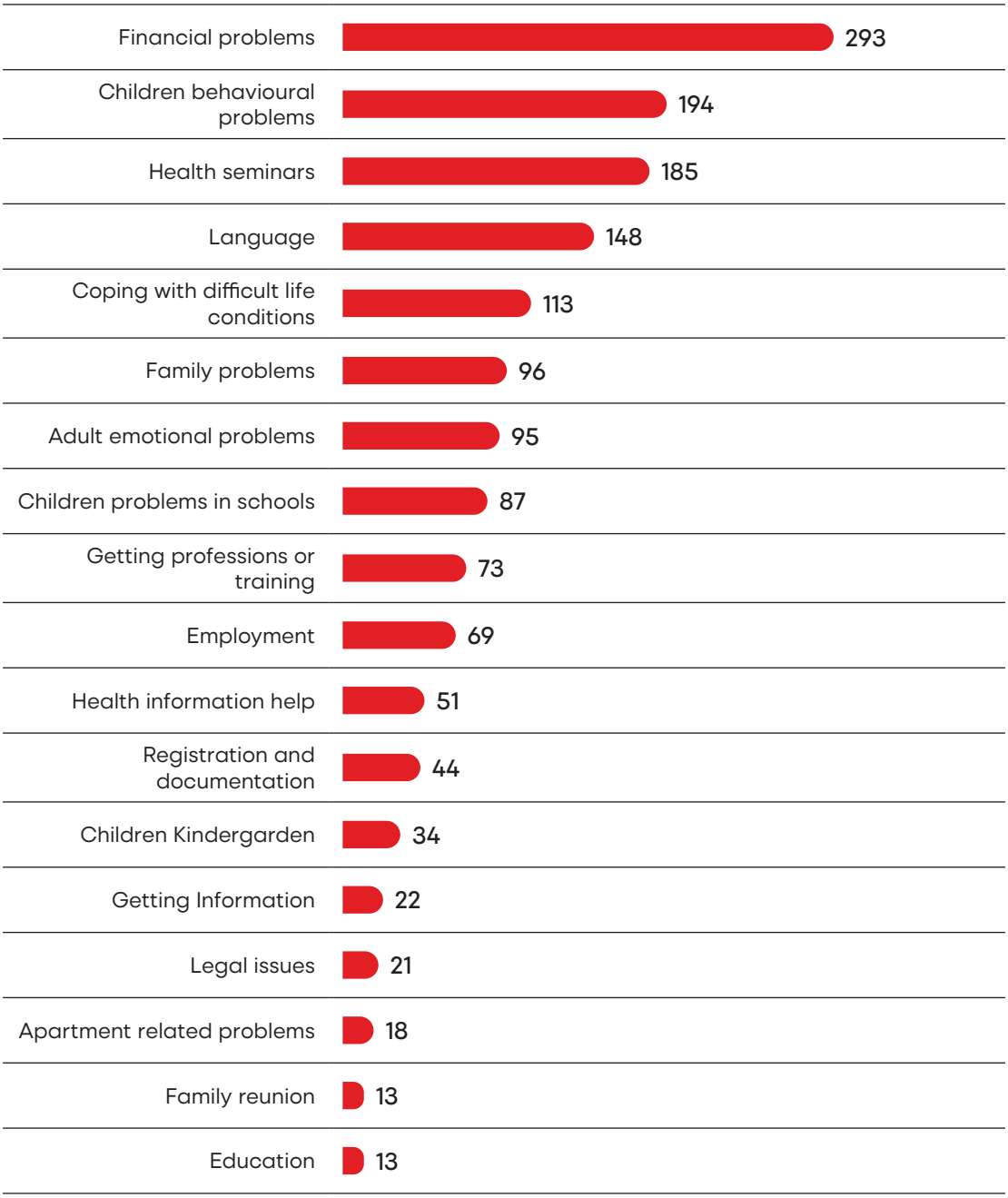
FIGURE 2. Cross-tabulation of whether beneficiaries mentioned children's health and psychological development/mental health and coping with daily stress as issues, and whether they received specific services.



Reasons for both refugee and Turkish beneficiaries to contact TRC services

The main reasons for getting in touch with TRC services were financial problems (293), children behavioral problems (194), health seminars (185), language (148), coping with difficult conditions (113), family problems (96), and adult emotional problems (95) (Figure 3).

FIGURE 3. Reasons for all beneficiaries to contact TRC services



Seeking TRC services

Turkish and refugee populations sought TRC services for emotional and family reasons at a similar percentage (emotional 22.70%, 23.32%; family 49.65%, 48.22%). More Turkish respondents declared no specific problem reaching out for services compared to refugee respondents (24.11%, 2.11%). Refugee respondents sought out financial (3.55%, 18.84%), health (9.22%, 29.78%), language (5.67%, 18.58%), legal (0.71%, 8.56%) services more than Turkish respondents (Table 3).

TABLE 3. Reasons for getting in touch with TRC services for Refugee and Turkish beneficiaries

	Turkish		Refugee	
	n=181 responses from 141 participants	% of participants	n=1250 responses from 759 participants	% of participants
Education	9	6.38	100	13.18
Emotional	32	22.70	177	23.32
Family	70	49.65	366	48.22
Financial	5	3.55	143	18.84
Health	13	9.22	226	29.78
Language	8	5.67	141	18.58
Legal	1	0.71	65	8.56
No Specific Problem	34	24.11	16	2.11
Other	9	6.38	16	2.11

How did you hear about TRC services?

The vast majority of the respondents report they learn about TRC services from word of mouth or friends (67%), followed by social media (21%), other organizations (6%), and TV/radio/newspaper (3%) (Figure 4).

FIGURE 4. How did you hear about TRC services?

Services received and satisfaction level

The most frequent services received by refugee respondents were individual counseling (40.5%), followed by health education seminars (38.4%), child-friendly preschool services (17.8%), adult psychiatric services (17.3%), child psychiatric services (12.3%) and group counseling (11.1%) (Table 4).

TABLE 4. Percentage of beneficiaries which benefited from specific services and satisfaction level

Type of services received	Yes % (n)	Satisfaction with service received
Individual counseling	40.5% (366)	9.13
Group counseling	11.1% (100)	8.14
Adult psychiatric services	17.3% (156)	8.90
Child psychiatric services	12.3% (111)	8.55
Health education seminars	38.4% (347)	9.19
Child friendly preschool space services	17.8% (161)	8.97
Child friendly space services for children above age of 6	17.1% (159)	8.82
Did you benefit from other services from the center?	37.1% (335)	9.20

Health seminars received

The following trainings were most commonly attended by respondents: first aid training (147), basic hygiene (144), access to health care (91), use of pharmaceuticals (86), pregnancy health education (71), regular breast control (60), family planning (56), reproductive health and diseases (55), mobile appointment system (51), communicable diseases and vaccine prevention (50), oral health (44), healthy eating for 0-1 (35), taking care of ill people at home (34), hypertension/diabetes (30), substance dependence (29); cancer and screening its type (21).

62.9% (197) of beneficiaries reported attending 1-2 health seminar sessions, 24.3% (76) attended 3-5 sessions, and 12.8% reported attending six or more sessions.

Other services received

In terms of other services, respondents reported receiving the following: psychoeducation sessions (153); home visits from TRC staff (151); counseling on child development (51); health screenings (40). From the current findings, psychoeducation activities are the most common additional service received by beneficiaries.

Number of sessions received for psychosocial services

In terms of individual counseling, 35.2% (113) of participants reported receiving 1-2 sessions, 28.3% (91) received 3-5 sessions, and 36.4% (117) received six or more sessions. For group counseling sessions, 28.3% (39) reported not receiving any sessions (possibly registered and did not attend), 42.8% (59) received 1-2 sessions, 15.2% (21) received 3-4 sessions, and 13.8% received five or more sessions. As for the number of adult psychiatric sessions, 45.1% (64) received 1-2 sessions, 32.4% (46) received 3-5 sessions, and 22.5% (32) received more than six sessions. For child psychiatric services, 49.5% (47) received 1-2 sessions, 29.5% (28) received 3-5 sessions, and 21.1% (20) received more than six sessions.

Services during COVID-19 pandemic

43.6% (394) of the respondents report benefiting from online or phone services from TRC during the COVID-19 pandemic. The average satisfaction level with phone or online services was 8.82. 49.2% were very satisfied, 29.1% to a certain extent, 14.3% were mid-level satisfaction, 4.9% were not satisfied, and 2.3% were not satisfied. About a quarter of respondents reported having problems receiving phone or online services. The main difficulties included limited, weak, or lack of internet access. Women reported significantly higher difficulties with accessing online services compared to men (30.8%, 15.5%, $p < .001$). No significant differences were observed for receiving services during pandemics when analyzed by education level, marital status, or employment.

Psychosocial services received by education level

The majority of beneficiaries receiving individual counseling services are those with primary school education (grades 1-5) and who can read and write, followed by no reading and writing, middle and high school education, and university education. Significant differences among education levels were seen for adult psychiatric services and health education seminars, with beneficiaries with primary school education or ability to read and write receiving the highest percentage of these services.

For categories including group counseling, adult psychiatric services, child friendly services for children above age of 6, and receiving other services, the chi-square analysis revealed significant differences for education levels, with higher percentages for beneficiaries with primary school 1-5 (reads and writes) (Table 5).

TABLE 5. Percentage of all beneficiaries receiving specific services according to education level

Type of services received	No reading and writing N = 65	Primary school 1-5 (reads and writes) N = 588	Middle and high school N = 39	University N = 84	Chi square (p-value
Individual counseling	6.9% (22)	76.5% (244)	4.7% (15)	11.9% (38)	.423
Group counseling	2% (2)	82.4 (75)	5.5% (5)	9% (9)	.108
Adult psychiatric services	3.5% (2)	85.8% (121)	3.5% (5)	7.1% (10)	**.008**
Child psychiatric services	6% (6)	77% (77)	3% (3)	14% (14)	.417
Health education seminars	9.1% (29)	72.9% (231)	7.9% (25)	9.1% (29)%	**.034**
Child friendly preschool space services	5.4% (8)	83% (122)	4.8% (7)	6.8% (10)	.180
Child friendly space services for children above age of 6	5.3% (8)	80.7% (121)	4% (6)	10% (15)	.622
Did you receive other services from the center?	5.8% (17)	79.1% (231)	6.5% (19)	8.6% (25)	.199

Number of sessions for education level of all beneficiaries

When analyzed in terms of education level, it was observed that primary school grades 1-5 (reads and writes) received 6 or more individual counseling sessions, whereas those with university and no reading and writing skills received mostly 1-2 sessions (p< .029) (Table 6).

TABLE 6. Percentage of number of individual counseling sessions received according to to the education level of beneficiaries

	No reading and writing	Primary school 1-5 (reads and writes)	Middle and high school	University
1-2 sessions	52.4% (11)	31.5% (76)	26.7% (4)	57.9% (22)
3-5 sessions	28.6% (6)	30.3% (73)	26.7% (4)	18.4% (7)
6 or more session	19% (4)	38.2% (92)	46.7% (7)	23.7% (9)

Education levels of refugee beneficiaries

Refugee beneficiaries who benefit most from services are those who reported primary school education level or can read and write. Those with primary school or who were able to read and write received more adult psychiatric services and health education seminars than refugee beneficiaries with middle and high school education, with a significant difference (Table 7).

TABLE 7. Percentage of refugee beneficiaries receiving specific services according to education level

Services	No reading and writing	Primary school 1-5 (reads and writes)	Middle and high school	University	Chi-Square
Individual counseling	33.8% (22)	43.7% (244)	38.5% (15)	44.7% (38)	.432
Group counseling	3.1% (2)	13.4% (75)	12.8% (5)	10.6% (9)	.108
Adult psychiatric services	7.7% (5)	21.7% (121)	12.8% (5)	11.8% (10)	.008
Child psychiatric services	9.2% (6)	13.8% (77)	7.7% (3)	9.2% (6)	.417
Health education seminars	44.6% (29)	41.4% (231)	64.1% (25)	44.6% (29)	.034
Child friendly preschool space services	76.3% (106)	12.9% (18)	10.8% (15)	10.8% (15)	.180
Child friendly space services for children above age of 6	12.3% (8)	21.9% (122)	17.9% (7)	11.8% (10)	.061
Did you receive other services from the center?	12.3% (8)	21.9% (8)	15.4% (6)	18.8% (16)	.612

Psychosocial services by employment status

Unemployed refugees were the main beneficiaries of the TRC psychosocial services. The only significant difference was observed for child psychiatric services, which were used more by unemployed beneficiaries. There were no other significant differences when compared by education level for other services (Table 8).

TABLE 8. Percentage of refugee beneficiaries receiving specific services according to employment status

Services	Unemployed	Employed	Student	Chi square (p-value)
Individual counseling	41.3% (232)	50%% (40)	49.3% (35	.181
Group counseling	11.6% (65)	18.8% (15)	14.1% (10)	.180
Adult psychiatric services	18.7% (105)	21.3% (17)	26.8% (19)	.257
Child psychiatric services	15.5% (87)	12.5% (10)	2.8% (2)	.014
Health education seminars	43.8% (246)	41.3% (33)	33.8% (24)	.270
Child friendly preschool space services	18.9% (106)	22.5% (18)	21.1% (15)	.696
Child friendly space services for children above age of 6	19.2% (106)	17.5% (14)	29.6% (21)	.304
Did you receive other services from the center?	39.3%% (221)	36.3% (29)	38% (27)	.942

Services not provided, but requested by refugee beneficiaries

The most common services requested and not received from refugee beneficiaries are reported in figure below: Turkish language course (133), child psychiatric services (93), education programs (77), computer courses (69), pre-school safe areas (64) and group counseling (22) (Figure 5, Figure 6).

FIGURE 5. Most common services requested and not received from refugee beneficiaries

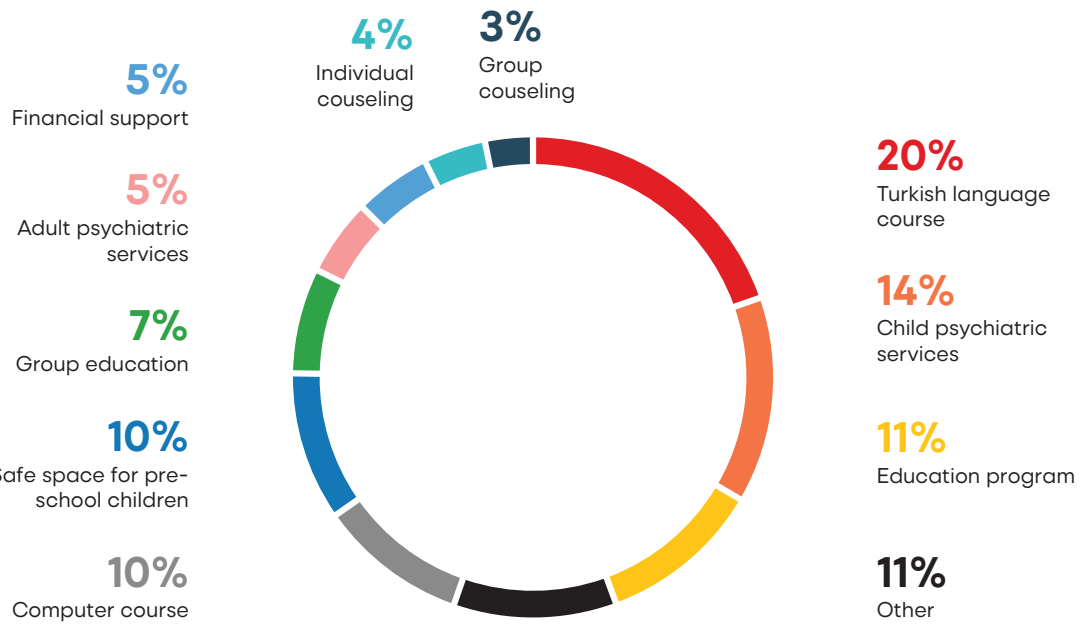
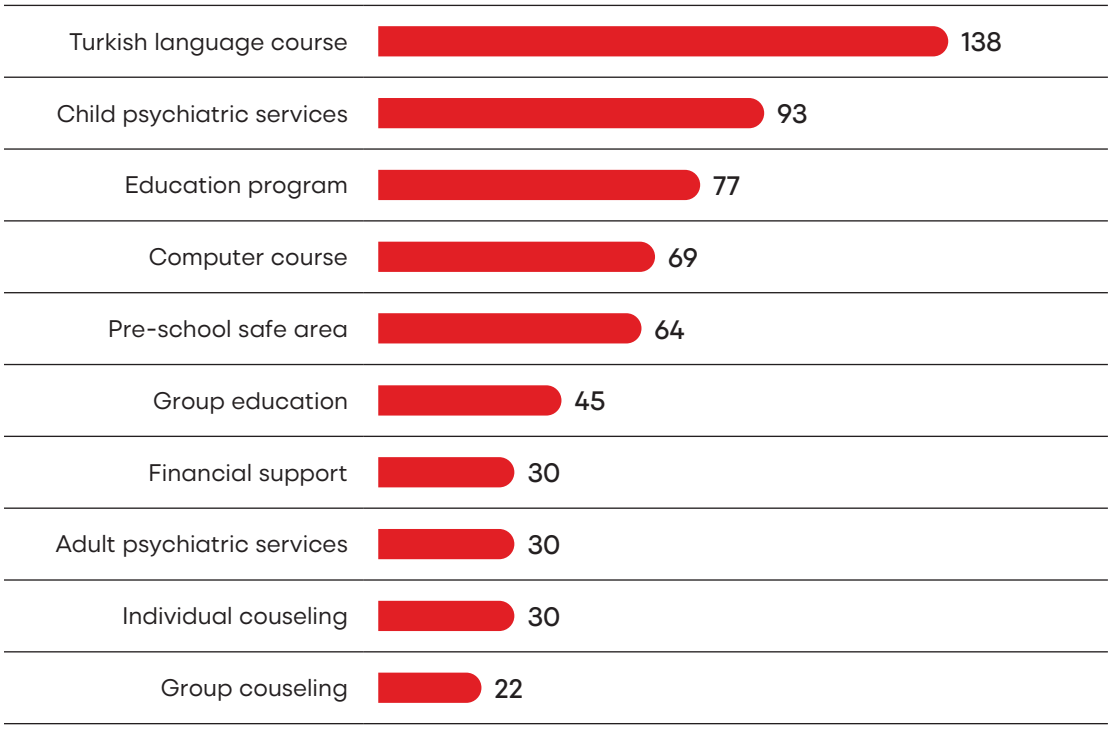
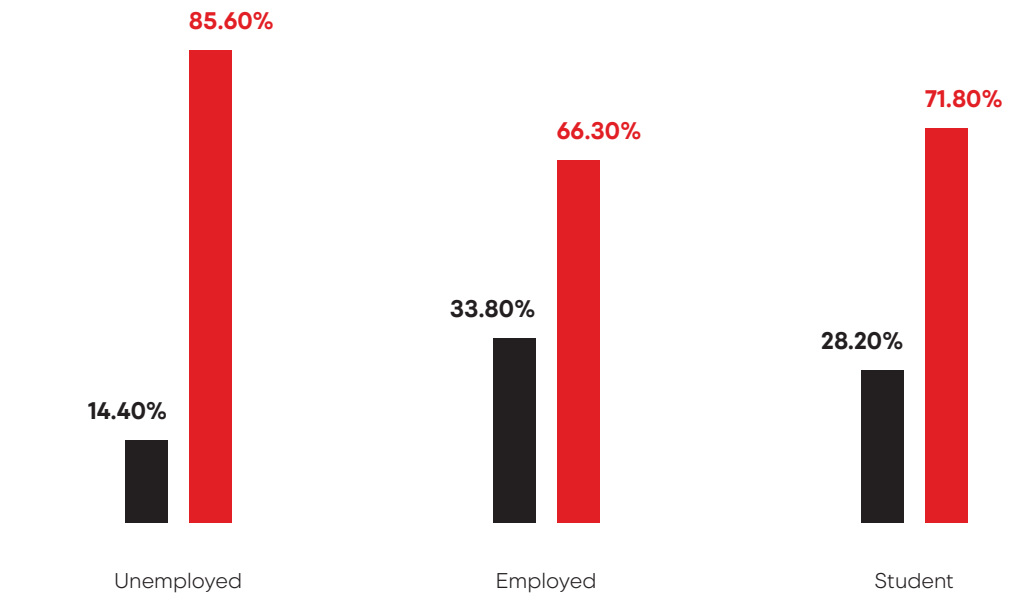


FIGURE 6. Most common services requested and not received from refugee beneficiaries



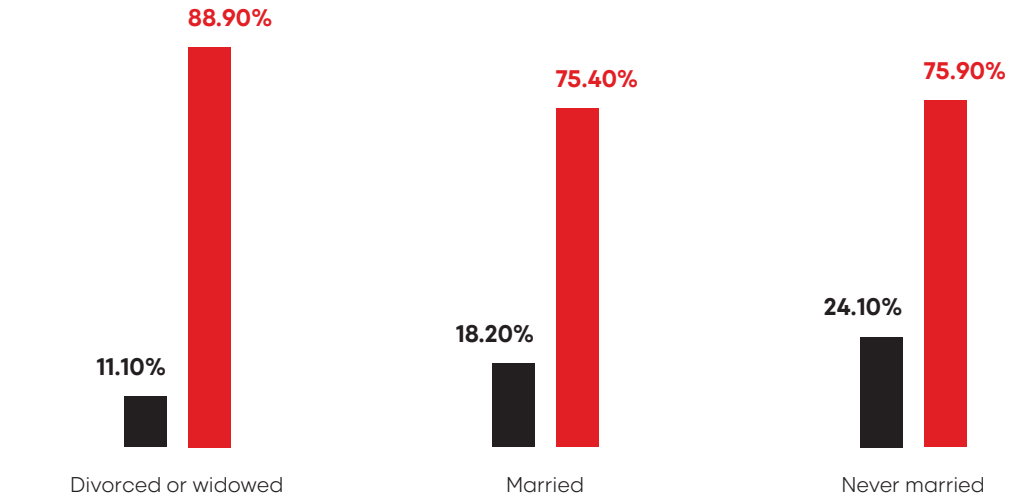
We coded beneficiaries who requested the following services but did not receive: individual counseling, adult psychiatric services, child psychiatric services, and group counseling. 17.8% of the respondents reported not receiving any of the abovementioned services. Participants who are employed or are students more frequently reported not receiving these services, with a significant chi-square test result ($p < 0.001$) (Figure 7).

FIGURE 7. Requesting individual counseling, adult psychiatric services, child psychiatric services, group counseling and not receiving employment status



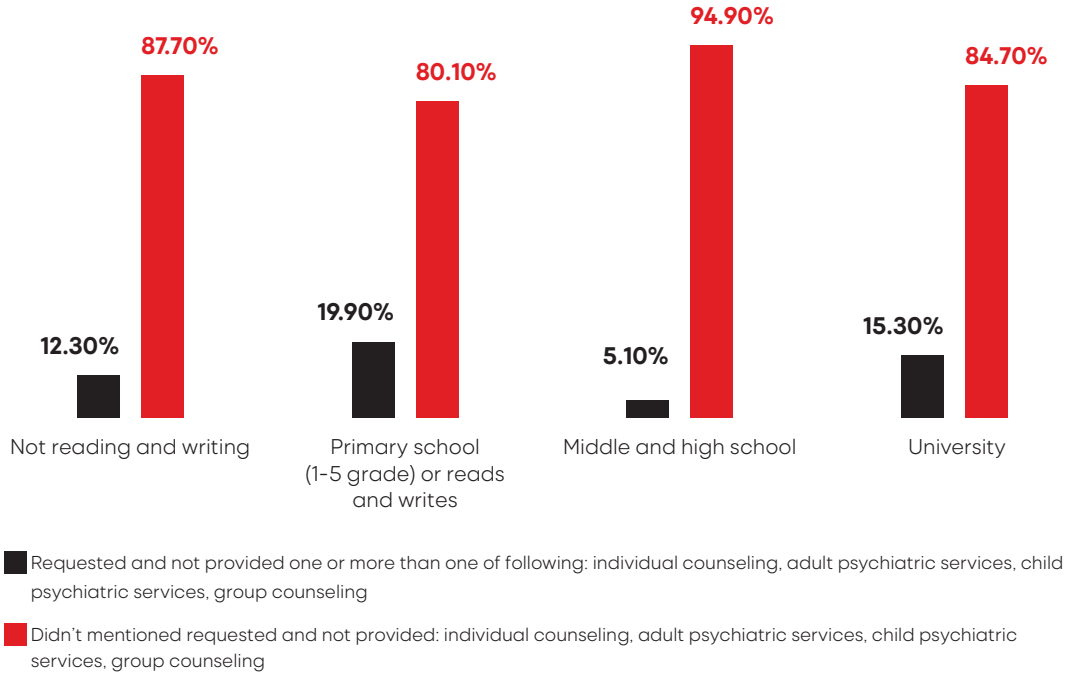
In addition, those who did receive the four services were reported to more likely be participants who were never married (24.1%), followed by those married (18.2%), and those divorced or widowed 11.1%. Chi-square results indicate $p<.065$ difference among these three groups.

FIGURE 8. Requesting individual counseling, adult psychiatric services, child psychiatric services, group counseling and marital status



Participants reporting receiving one or more of the four services included mostly those with primary education and reads/writes (19.9%), followed by University degree (15.3%), and no reading and writing (12.3%). Chi-square results indicate p<.055 difference among these three groups.

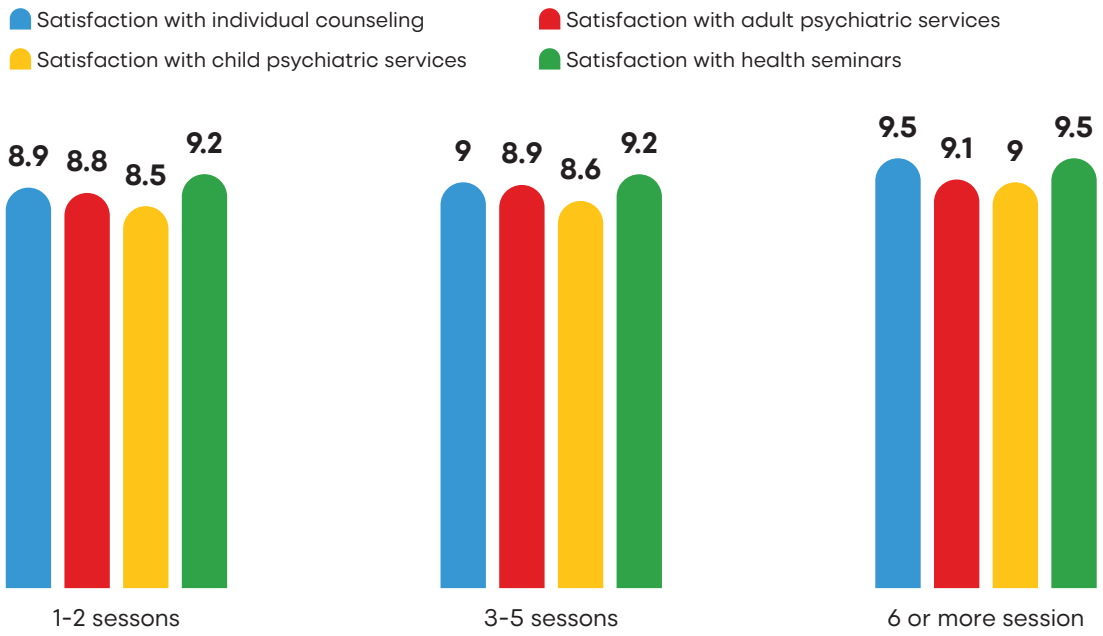
FIGURE 9. Requesting individual counseling, adult psychiatric services, child psychiatric services, group counseling and educational status



Satisfaction with services and number of sessions received

ANOVA was conducted to compare the effect of the number of sessions attended on satisfaction with individual counseling sessions. Analysis showed significant mean differences for the four levels of education [F(2, 317) = 4.79, p = .009]. Post hoc analysis revealed significant differences between beneficiaries receiving 1-2 sessions and those receiving 6 or more sessions (p<.012). There were no significant differences for satisfaction with the adult psychiatric and child psychiatric services and number of sessions attended [F(2, 139) = .30, p = .739], respectively [F(2, 92) =.334, p = .717]. Similar results were obtained for health seminars. No significant difference was observed in the effect of the number of sessions attended in health seminars ([F(2, 308) = .891, p = .411]).

FIGURE 10. Satisfaction with mental health services by number of sessions received



Beneficiary satisfaction with the psychosocial staff

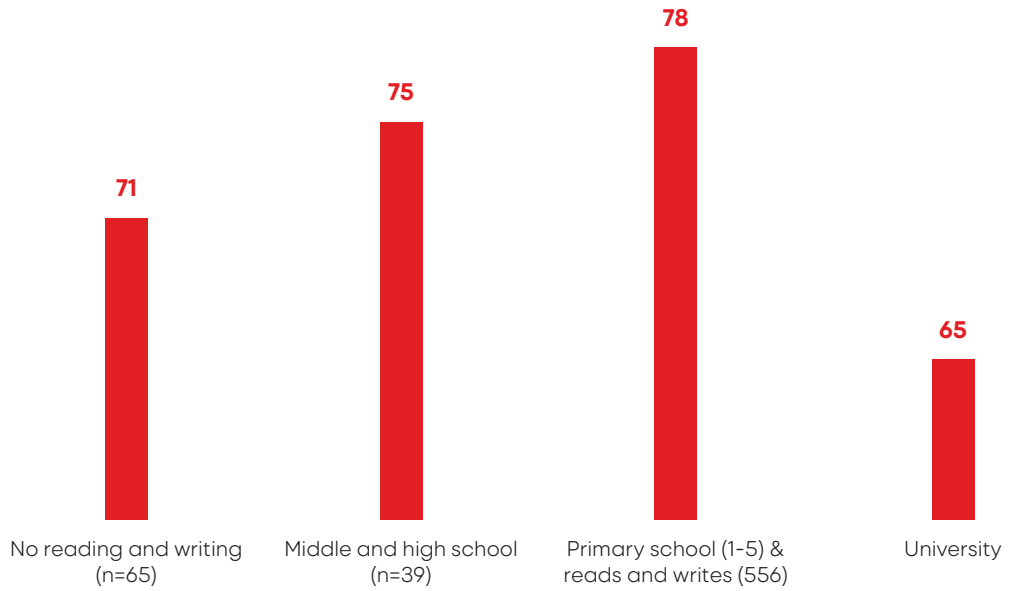
The table below indicates a relatively high level of satisfaction with the PSS staff ranging from average scores from 8.39 for fit of their needs, to 9.00 with usage of their own language by PSS staff. Total average of satisfaction of all items with 8.62.

TABLE 9. Mean scores for items measuring satisfaction with the TRC staff

	Mean	SD
How satisfied are you with the respectfulness of TRC psychosocial staff?	8.75	2.19
How satisfied are you with the amount of time a TRC psychosocial staff spent with you during your visit/s?	8.67	2.08
How satisfied are you with the time between when you requested a service and time until it was delivered?	8.44	2.28
How satisfied are you with getting services in your language from TRC psychosocial staff?	9.00	1.88
How satisfied are you with support from psychosocial staff during the COVID pandemic?	8.50	2.32
How satisfied are you with the help that you have received from psychologists or counselors at TRC?	8.58	2.26
How satisfied are you with the way TRC psychosocial staff explained your problems?	8.58	2.14
How satisfied are you that the psychosocial services you received are helping with your initial problem?	8.58	2.21
The TRC psychosocial and health programs fit the needs of my and my family	8.38	2.35

For further analysis, we created an index for 9 items of satisfaction with the staff. The average score resulted in M=77.46, SD=16.95. A one-way subject's ANOVA was conducted to compare the effect of education levels on satisfaction with the PSS staff. Analysis showed significant mean differences for the four levels of education [$F(1, 741) = 4.00$, $p = .009$]. Further post-hoc analysis revealed that groups with no reading and writing skills reported significantly lower averages compared to those with primary school & reads and writing groups at $p<.040$ and with university degrees $p<.017$. People with no reading/writing skills reported less satisfaction with staff.

FIGURE 11. Total scores for satisfaction and compared for education level



Satisfaction with services with number of sessions attended

We conducted a correlation among variables of a number of sessions and the following items: How satisfied are you with the way TRC psychosocial staff explained your problems? How satisfied are you that the psychosocial services you received are helping with your initial problem? How satisfied are you with the help you have received from psychologists or counselors at TRC? and the composite score for all satisfaction items with TRC staff. As seen from the table below, there is a significant positive correlation between satisfaction variables and the number of individual sessions or adult psychiatric sessions.

TABLE 10. Correlation among number of sessions received from specific mental health services and items measuring satisfaction with specific issues

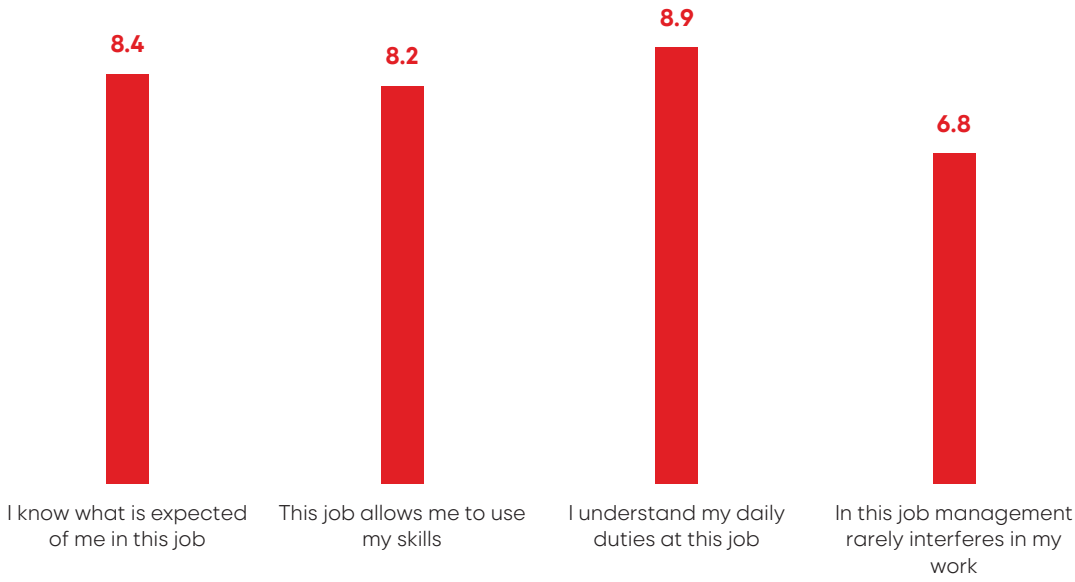
Satisfaction variable	Helping solving your initial problem	TRC staff explaining your problem	Satisfied help received from psychologist or counselor at TRC	TRC satisfaction with staff total score
Nr. individ sessions	.165**	.198**	.195**	.213**
Nr. group sessions	.136	.135	.043	.144
Nr. of adult psychiatric sessions	.189*	.248**	.231**	.221**
Nr. child psychiatric sessions	.131	.023	.090	.070
Nr. of sessions health seminars	.095	.094	.084	.079

Psychosocial Staff

Psychosocial staff survey

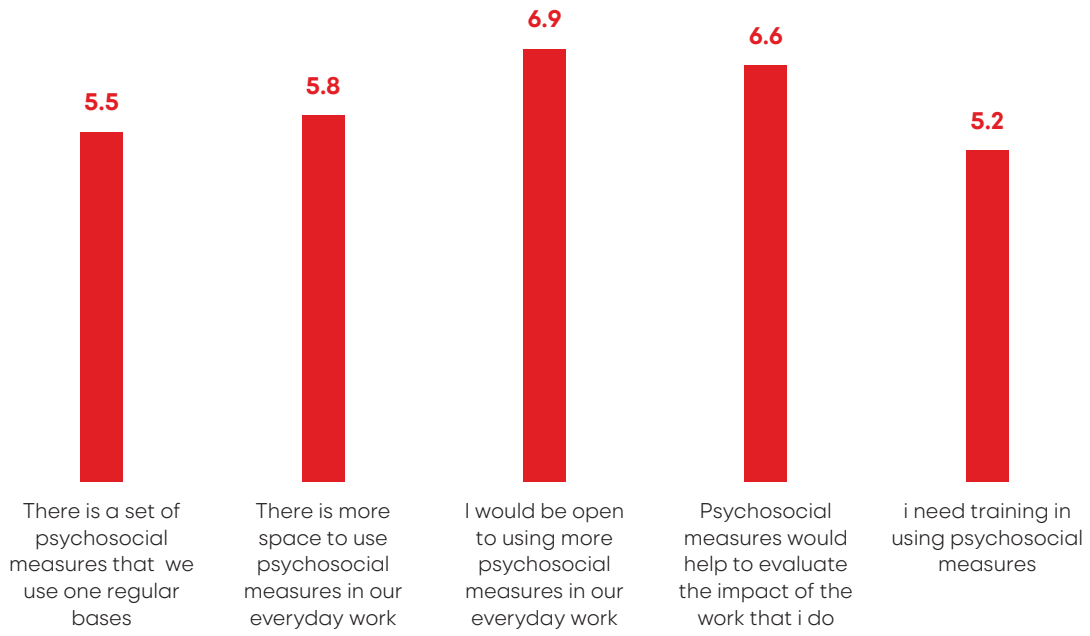
There were 55 interviews conducted with PSS services staff online. See Annex 2 for the questionnaire. The distribution included: 29.1% (16) youth workers, 29.1% (16) were psychologists/clinical psychologists, 12.7% (7) child development specialists, 9.1% (5) social workers, 3.6% (2) psychiatric nurse, 7.3% (4), psychiatrists, 7.3% (4), health experts, and 1.8% (1) translator. In terms of education, the majority had a BA degree 58.2% (32), 32.7% (18) with Master's, and 9.1% (5) had Ph.D. 65.51% (36) of the staff had no experience in other organizations providing psychosocial services, and 34.5% (19) had working experiences in other organizations before being employed at TRC. The average working experience in TRC was 25 months, ranging from 2 months to 84 months.

FIGURE 12. Average scores for the competence items by staff



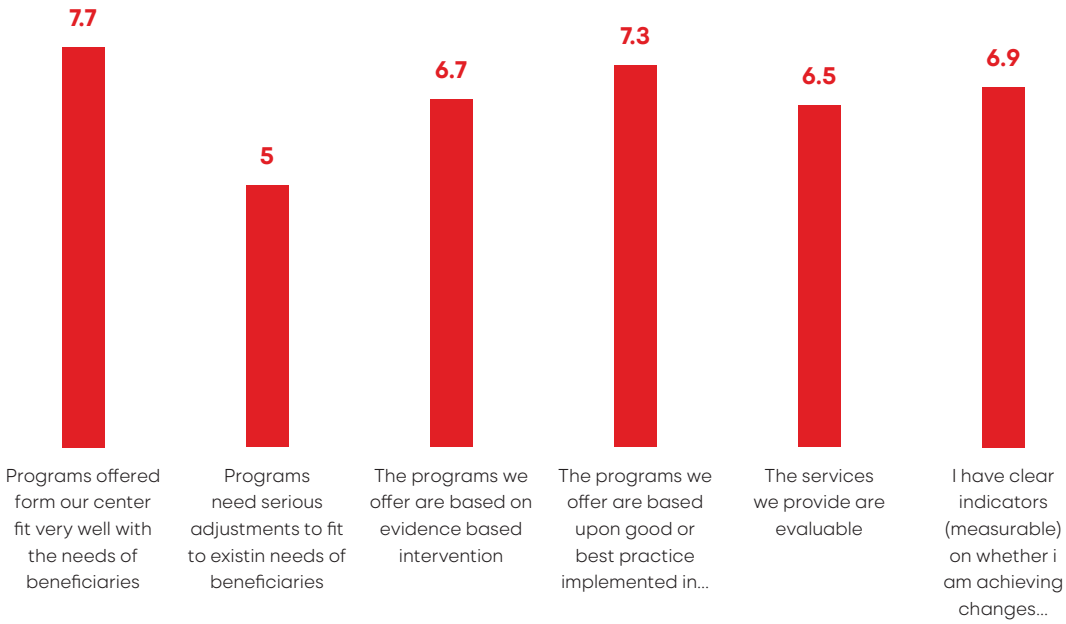
In terms of competence items, averages were relatively high. The highest average was observed for the item, "I understand my daily duties at this job." The lowest average was for the item, "In this job management rarely interferes in my work."

FIGURE 13. Average scores for the using measures items by staff



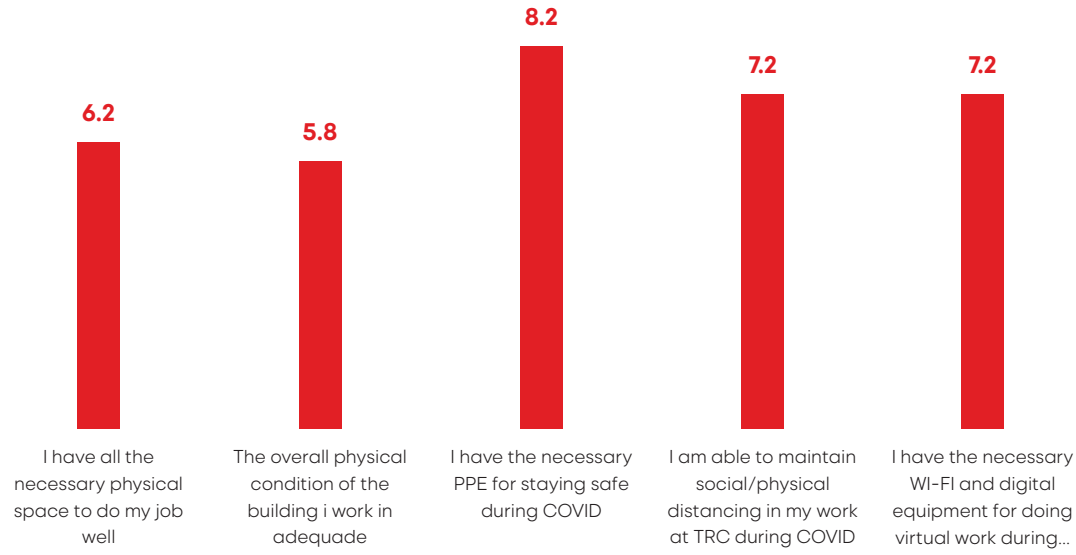
In terms of measures in their everyday work, it appears that the staff has relatively low use and motivation to use them and be trained on them in their everyday work. The lowest item average was for "Need training in using psychosocial measures" and highest for the item of "I would be open to using more psychosocial measures in our everyday work."

FIGURE 14. Average scores for the using measures items by staff



In terms of items measuring the program content, the highest average score was observed for the item measuring the fit of the program for the needs of the beneficiaries, lowest was for the item asking respondents whether their program needs serious readjustment and highest for the item asking on fit of the program offered by the centers with the needs of the beneficiaries.

FIGURE 15. Average scores for the working conditions items by staff

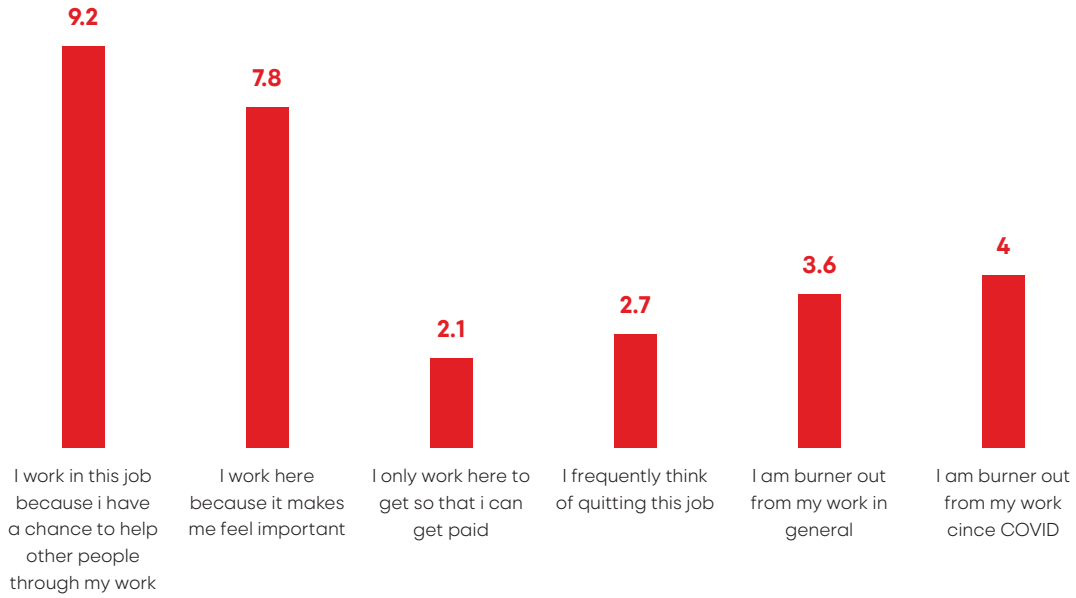


In terms of the working conditions, workers reported high average score measuring satisfaction with necessary PPE in staying safe during COVID-19, and lowest for the item measuring satisfaction with adequacy of the overall physical condition of the building where centers are.

FIGURE 16. Average scores for the training needs items by staff

Two items measuring the training needs were relatively lower compared to the other subsections; the lowest was for the item asking the PPS staff on whether the job provides adequate opportunities to learn new skills.

FIGURE 17. Average scores for the motivation items by staff



In terms of motivation, the highest average was observed for the item measuring intrinsic motivation of individuals working in a job where they can help others. The other items are reversed. There is a low level of agreement for items reporting "I only work here so I can get paid" and "I frequently think of quitting this job."

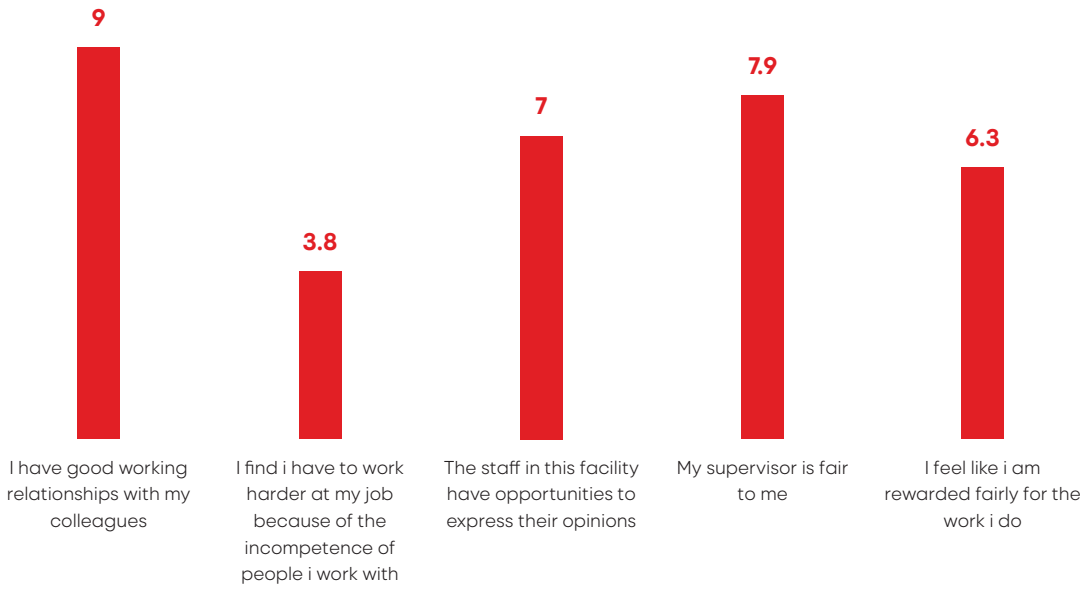
FIGURE 18. Average scores for the work demand items by staff

There were two items measuring work demand. Staff reported the highest agreement with unnecessary procedures taking time from their actual job. They said the lowest agreement being asked to complete tasks outside of their duties.

FIGURE 19. Average scores for the competence supervision related items by staff

In measuring supervision, the highest average score was observed with the ability to receive help from their supervisor when needed. The measure's lowest average score was observed in receiving regular professional supervision. The item on receiving recognition is relatively low compared to other items in other subscales. The last two are reverse items, where low scores indicate low agreement with the declarations.

FIGURE 20. Average scores for the climate items by staff



There were five items measuring organizational climate. The highest average was observed for good relationships with colleagues, and the lowest score was observed in receiving fair rewards fair for their jobs.

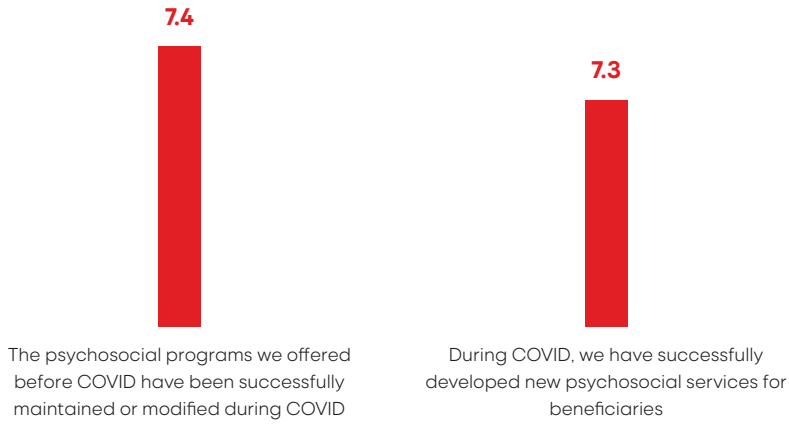
FIGURE 21. Average scores for the financial reward items by staff

In terms of financial reward, the lowest average was observed for the possibilities of financial reward for those working in TRC.

FIGURE 22. Average scores for the promotion items by staff

Relatively low averages were observed for the two items measuring the opportunities for promotion, including the statement, “Those who do well in job stand a fair chance of being promoted”.

FIGURE 23. Average scores for the COVID-19 related times on program and activities items by staff



Items assessing the evaluation of program implementation during the pandemics showed positive evaluation in being able to maintain the programs developed before COVID-19, as well as with development of new services during COVID-19

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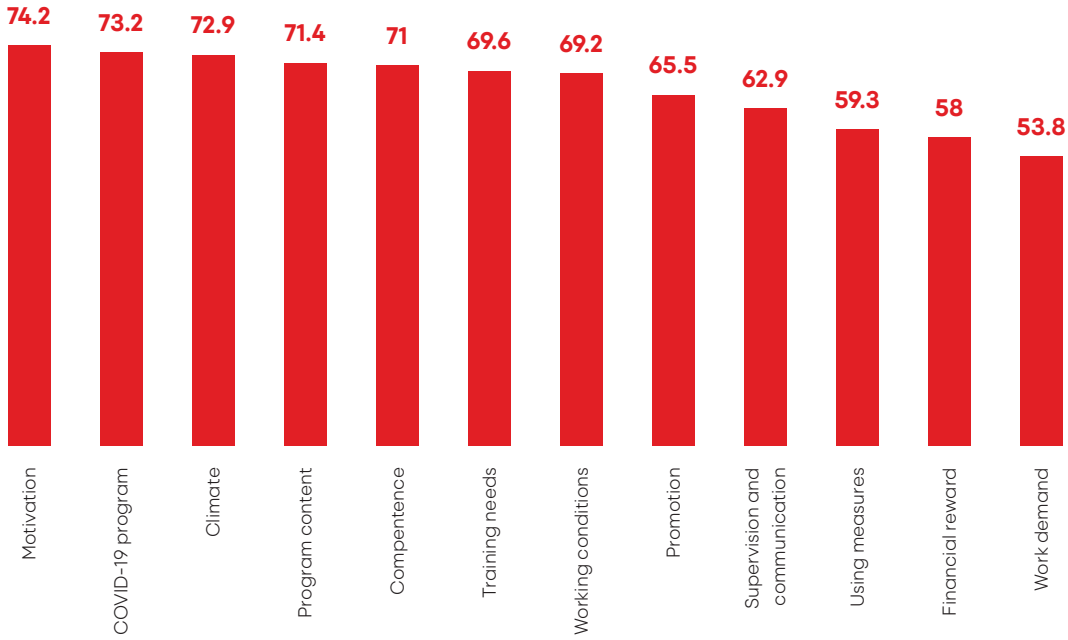
FIGURE 24. Average scores for the subscales indexed to 100 score

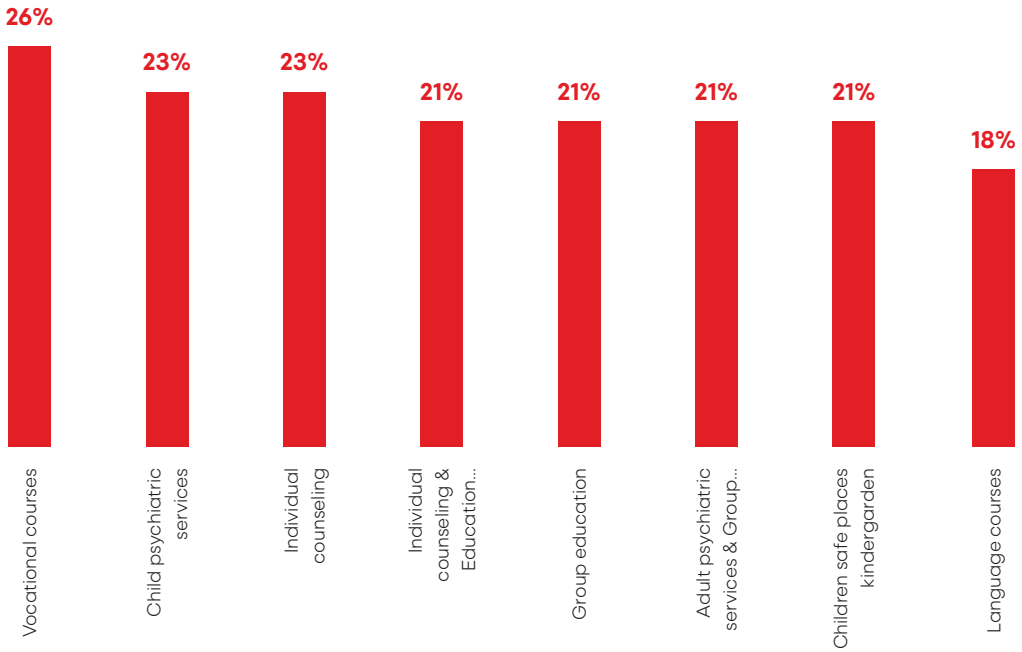


We created an index score of 100 for each above category by reversing the items with negative wording. The highest average scores were observed for motivation and program fit with COVID-19 changes, climate, program content, and climate competence. The lowest average scores were observed for using measures, financial reward, and work demand.

PSS staff with bachelor's degrees were more open to using measures (M=64.5; SD=17.57) compared to those with master's or MA degrees (M=51.3; SD=15.2 at p<.027). Staff with PhDs (M=89.6; SD=7.9) reported more favorable working conditions compared to those with MA (M=62.3; SD=18.0) at p<.09 and BA (M=70; SD=20.7) at p<.019.

The opposite trend was observed for promotion, where those with master's and Ph.D. degrees reported higher averages (M=55; SD=3.4) compared to those with bachelor's degrees (M=70.3; SD=16.4) at p<.090. Staff with MA (M=60; SD=13.28) had lower averages compared to BA at p<.05.

FIGURE 25. Ranking of the most beneficiary services for the beneficiaries by staff



PSS staff was asked to rank the services they considered most beneficial for users. Individual counseling was mentioned most often, followed by group education, child psychiatric services, adult psychiatric services & group counseling, vocational courses, children safe spaces - kindergarten, and lastly, language courses.

TABLE 11. Correlation among the subscales scored by staff

	1	2	3	4	5	6	7	8	9	10	11	12
Competence (1)	1	.507**	.456**	.337*	.347**	.153	.433**	-.331*	.351**	.252	.157	.085
Measures (2)		1	.283*	.256	.404**	.162	.083	-.270*	.387**	.119	.045	.229
Program content (3)			1	.669**	**.532****	.585**	.397**	.079	.438**	**.402****	.116	**-.107**
Working conditions (4)				1	.448**	.618**	.450**	.046	.466**	.572**	.240	-.095
Covid-19 program (5)					**1**	.432**	.349**	-.022	.237	**.139**	-.121	**.073**
Training needs (6)						1	.161	.007	.429**	.274*	.143	-.222
Motivation (7)							1	.035	.251	.558**	.178	-.018
Work demand (8)								1	.143	.124	.201	-.270*
Supervision (9)									1	.535**	.383**	-.234
Climate (10)										1	.345**	-.211
Financial reward (11)											1	-.439**
Promotion (12)												1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The table above presents the multiple correlation tables among than variables from the staff evaluation. Competence scores were significantly positively correlated with using measures (.507), program content (r=.456), working conditions COVID-19 (.337) and work climate (r=.252) and negatively with work demand (-.331). Using measures was significantly negatively correlated with work demand (-.270) and positively correlated with supervision scores (.387). Positive views in the program were positively correlated with working conditions (.669), motivation (.397), and with climate score (.402). Program content related to COVID-19 was positively correlated with motivation (.349). Training needs scores were positively correlated with supervision scores (.429) and negatively with promotion scores (-.222). Motivation scores were positively correlated with the climate scores (.558) and supervision scores (.251). Supervision scores were significantly correlated with climate scores (.535), with financial reward scores (.383). Financial reward scores were negatively correlated with promotion scores (.439).

Staff education and personal development

The staff was asked what TRC can do more to support their education and personal development. The following suggestions were mentioned:

1. Offer vocational trainings to beneficiaries
2. Minimize work or responsibilities out of the work scope for which they are contracted
3. Additional training for provision of online therapy
4. Provide weekly supervision
5. Improve working conditions for individual therapy
6. Hold weekly or monthly staff meetings addressing issues related to work motivation
7. Address the secondary trauma of the staff to prevent burnout
8. Grant permission to attend trainings provided by other institution during working days
9. Support attendance to seminars
10. Offer language courses for the staff
11. Create opportunities where mental health professionals from various organizations share experiences and lessons learned
12. Provide trainings requested from the team
13. Increase social or sports activities for staff to keep up morale
14. Increase length of trainings and explore possibility of certification of trainings received
15. Repeat trainings provided by individuals with education level higher than master degree
16. Avoid online trainings due to low effectivity

Supervision and personal development

The staff was asked an open question on what TRC can do to improve the supervision which would contribute to their personal development, following answers were provided:

1. More focused training and supervision on child development
2. Cover costs for individual therapy of the staff and continue regularly the supervisions which started this year
3. Supervision in smaller groups and have groups where cases are discussed
4. Interventions that fit to sociocultural needs of the beneficiaries
5. More face to face trainings and meetings
6. More CBT and EMDR supervision
7. Permission from work if trainings are received out of TRC
8. More motivational activities for the staff
9. More trainings in SPSS and data analysis
10. Increase standardized trainings for the staff, as there is diversity of approaches and level of expertise among the staff

2.2. Qualitative Data Themes

COVID-19

Refugees reported increased mental health hardships during the COVID-19 pandemic due to economic hardships and lack of social contact. Many beneficiaries could not come to the center and receive services, especially group interventions. During this time, staff reports the TRC centers focused on providing food and more concrete supportive efforts during the lockdown. Per staff, centers provided limited psychosocial services through phone and internet.

Evaluation and documentation

There is no evaluation system of TRC psychosocial services consistent across all TRC centers. Mainly, evaluation comes from staff's observations and reports from interacting with the beneficiaries. A central office in Ankara assigns methodologies for evaluation of the services and reports on cumulative numeric information, such as the number of cases and services provided. Currently, there is no systematic measurement in place to evaluate the progress or effectiveness of an intervention. The new MHPSS program has a computer system called KOBO, which requires staff to record pre and follow up measures with the cases they receive PSS or MH services for adult services. Through this program, centers would select randomized individuals and follow them for 3 and 6 months to evaluate progress. A similar program considered was the electronic system GADO, specifically for children. However, staff finds challenges in implementing both KOBO and GADO due to complicated logistics, lack of patient patience, lengthy questionnaires, language difficulties, and longitudinal evaluation of patients. Although there are several structured interventions in school settings, there are no measurements of these interventions.

Training

Staff at TRC centers observe significant turnover with members and volunteers, many of whom are high school students. Volunteers undergo a standardized training of 11 sessions, 22 hours in total. Successful students are usually engaged in children-related activities in the center and out of the center and support in the assessment of patients and screenings with questionnaires. However, many volunteers leave as soon as they find a job. Training a volunteer within the existing system takes some time, and the process is not suited to current needs. Staff in Urfa recommend shorter training sessions and requirements for volunteers.

Understaffed and overwhelmed with number of cases (individual counseling)

Employee workload at TRC centers is high. At the KM center, only one psychologist works the services, providing adult psychiatric services, but no child services. Psychiatric nurses are beneficial because they can triage and orient the patients. There is a long wait time for individual therapy sessions with the clinical psychologist, ranging from 2-3 days up to 1-1.5 months.

Staff job satisfaction

There is high job satisfaction among TRC staff. One member expressed satisfaction in "being able to change people and help children [and] helping to fight the stigma on mental health in the community".

Staff supervision

In the initial phase (2019) of the evaluation, staff had fewer possibilities for supervision. In the second round of interviews and focus groups, staff reported more systematic approaches to be provided for personal supervision and professional development. Staff in interviews always expressed the need for more supervision and training in line with their needs.

Psychoeducation services

According to Syrian beneficiaries, the psychoeducation sessions are useful, particularly topics including establishing individual boundaries, listening empathically to one another, being more courageous, improving situations with child behavior, and coping with everyday struggles and stressors. Staff in Urfa noted that the primary approach used with children is behavioral therapy and CBT with adults.

Barriers to receiving services

Barriers to beneficiaries receiving services include months-long waiting lists, lack of technology for communication, transportation to services, lack of childcare services, mental health stigma, and work schedule. A staff member lamented, "We can't reach all people." The center in Urfa, a heavily agricultural region, witnesses high dropout during April and September when many participants, including children, leave to work in the fields. Some beneficiaries constantly move due to instability and change addresses frequently. Mothers report dropping out of psychoeducation sessions because they have no place to leave their children to receive services. There is also a high dropout among women whose husbands do not know they are coming to the center. Staff in Urfa stated, "There is an issue with the continuation of the services. People come to one session and don't continue. It's better for children with special needs as they are more regular."

Medications

The staff has noticed how many beneficiaries stop the medications once they feel better rather than continue maintenance therapy. Although pharmacotherapy sessions are provided, there is a high dropout once symptoms improve and they no longer follow the medication services. Of note, medications prescribed by psychiatrists in the centers are covered financially by TRC. Many beneficiaries prefer psychoeducation services over medications. One woman in Urfa stated she was no longer suicidal, and the medicines helped a lot. However, she believed it was much more helpful to talk with someone. She expressed skepticism about psychiatric drugs in the future.

Importance of TRC services

Beneficiaries expressed immense satisfaction and gratitude for TRC services. They feel they have been listened to, understood, and valued through the sessions. A woman from Iraq received mental health services for PTSD and improved significantly after treatment. She was afraid of noises and sudden sounds but now is much better after receiving help from TRC. Many refugees expressed concern that TRC services would stop, as they were very much reliant on TRC's current services and worried they would not be able to receive similar services elsewhere. Refugees express great motivation to participate in services provided and "share with others that they can get help from here. They spread the word."

Child/Adolescent mental health & services

In the KM TRC center, 50% of activities for children are organized in school settings or group activities. Staff in Urfa described the frequent collaboration with schools. During visits, they discuss needs accordingly and implement group interventions, which are ready-made interventions from TRC in Ankara. Most common problems are related to difficulties at school and trauma. In an adolescent focus group, participants included a girl who self-harmed and a teenage boy who had suicidal ideation after losing his mother in the war. In schools, TRC services provide group training and interventions focusing on hygiene, communication skills, bullying prevention, and prejudice. Some adolescents state they find the hygiene training sessions to be offensive. One parent stated, "My child is alive because of TRC". Psychology services aimed at parents to help young children helped address behavioral issues as well. The issue of bullying and discrimination in school by teachers and classmates was constantly mentioned in all focus groups by adult and adolescent beneficiaries. Young children enjoy playing games and receiving help on their homework from the center, especially assistance they cannot receive from home due to complexity or Turkish language of their assignments. Mothers also emphasized this. In general, teens thought that having multifamily meetings and interventions was seen as an appropriate method.

Shelter

Refugee camps include some of the most underserved of the population, especially children. Providing services to these shelters is challenging due to high shelter populations, up to 10,000 individuals, and coordination and transportation to the shelter locations. TRC services were provided a room in the temporary shelter and with the help of translators, were able to perform screening, schedule appointments, and transport beneficiaries to psychiatrists and pharmacies (Adana).

Stigma

Refugees report a high stigma regarding mental health, especially among men. There is a feeling of shame in getting benefits from the TRC center. Staff says, "They are prejudiced against mental health support"; however, notes this is likely related to a low understanding regarding what therapy is. One beneficiary stated, "I'm not mad; why should I go see a psychiatrist?". Another stated, "I didn't know I had psychological problems. We didn't even know there was such a concept. That is something that can be treated." One beneficiary cited their panic attacks were treated through TRC. Stigma towards receiving mental health can further be seen in the following statement by a male beneficiary, "You are a man. You are like a mountain. Mountains do not collapse. Be sufficient for yourself. Do not need anyone else." A staff member noted men only come to receive services when the situation worsens to the point they cannot work anymore. Many women are secretive about attending the TRC center and only tell their husbands. There is an overall strong resistance to talking about mental health issues; as beneficiaries mentioned in focus groups, mental health is not a priority.

Discrimination/Bullying

Many Syrian refugees experience discrimination and racism in schools. 8/10 clients are referred because of school violence and bullying. 7/10 of adolescents do not attend school. There is high tension and few interactions between Syrian and Turkish children. Many students drop out due to bullying and do not share their experiences with family members. Adolescents report racism not just by students but by teachers as well. "They call you 'Syrian'. Not by your name.". Another student stated, "When we get high grades, we get bullied. When we get low grades, we get teased." Some adolescents feel shameful of their identity as Syrians due to the discrimination. Parents also confirmed peer bullying and physical bullying as the main issues of children in schools.

Political

Syrian refugees worry about the political stability of their current situations, particularly fear of deportation due to unclear legal status. Therefore, many refugees strive and want to receive Turkish citizenship. This uncertainty affects decisions regarding pursuing education, employment, marriage, and identity. As a result of their political status, many refugees feel silenced, expressing, "We want someone to hear us. We are not here as tourists. We came here because of the war." A woman stated she experienced greater violence in Syria and has received more protection in Turkey. Most participants do not intend to return to Syria, although life is very

challenging in Turkey. Many cited multiple instances of trauma. They have lost many people and haven't seen family members, such as parents, in years. "After you experience things like this, nothing is a problem."

Financial/Employment

Syrian refugees in cities such as Urfa and KM mainly work in agriculture and factory jobs. In Istanbul and Bursa, they work primarily in the textile industry. If the region is poor, the situation of the refugees is much less favorable compared to the other areas. Poverty is a significant issue. One beneficiary emphasized, *"if a man doesn't work for even one day, it would be murder for us."* The main issues addressed by participants in Urfa and considered most pressing were economic, such as not being able to receive food stamp cards (?) or pay medical bills.

Language

It is difficult for refugees living in shelter camps or cities such as Urfa, where half of the native population speaks Arabic, to learn Turkish. This leads to difficulties with adjustment in school settings and finding employment. Adults report problems in learning Turkish due to long working hours (man) and a lack of courses in the Turkish language.

University barriers and child labor

Many Syrian refugees seek to attend university in Turkey but cannot afford university fees which were introduced recently. To provide financial and social stability for their families, those 12 and above often must decide to get married or begin working instead of pursuing higher education or high school. As a result, many children choose to work during the day and attend school in the afternoon. However, working impacts their school performance and often causes them to fall behind. One mother in the Urfa focus group stated she had two sons that had to quit school to work and secure income for the family.

Marriage

Beneficiaries report early marriages and divorces in Syrian families. Early marriage is related to the inability to pursue high school university due to barriers and necessity in securing economic stability and dominant patriarchal values. The main reasons for strain in marriages and divorce are financial difficulties which generate conflict and pressure within families.

CHAPTER 3

Findings and Takeaways

3.1. Summary of Quantitative Findings

The majority of the Syrian refugee recipients of services are beneficiaries with primary school education (grades 1-5) and who can read and write. They received the most individual counseling sessions (at least 6 or more). Unemployed refugees were the primary beneficiaries of the TRC psychosocial services. Unemployed refugees were significantly more likely to utilize child psychiatric services. The top three significant issues in everyday life for the refugee respondents were employment, children's education, and learning the Turkish language. Refugees who reported significant life stressors regarding their children's health/psychological development or personal mental health/coping with daily stress significantly received more individual counseling, adult psychiatric services, and child psychiatric services from TRC.

The most common services received were individual counseling and health education seminars, both of which received the highest satisfaction values. The lowest satisfaction was for group counseling. The most requested services not provided were Turkish language courses, more child psychiatric services, computer courses, and safe spaces for preschool children. Employed participants and students more frequently reported not receiving individual counseling, adult psychiatric services, child psychiatric services, or group counseling.

There were no significant differences in the satisfaction with the adult psychiatric and child psychiatric services and the number of sessions attended. No significant difference was observed in the number of sessions attended to health seminars. Most respondents report benefiting from online or phone services from TRC during COVID-19 pandemics. About a quarter of respondents reported having problems in receiving phone or online services. Participants with no reading/writing skills reported the lowest satisfaction with TRC staff.

55 staff members were interviewed online. The distribution mainly included youth workers and psychologists/clinical psychologists, followed by child development specialists, social workers, psychiatric nurses, health experts, medical doctors, and translators. The majority had a Bachelor's or Master's degree. Most of the staff had no experience in other organizations providing psychosocial services before being employed at TRC. The highest competency score was observed for the item "I understand my daily duties at this job." The lowest one was for the item "In this job, management rarely interferes in my work." Most staff members report low opportunities for promotion.

3.2. Summary of Qualitative Findings

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3.3. Big Picture Takeaways from the Evaluation

The beneficiaries are highly satisfied with the services and staff provided by TRC. The team is committed, knowledgeable, skilled, trained, supported, and experienced. With the new program and the COVID-19 pandemic, services evolved to include more online and hybrid delivery and more emphasis on individual mental health delivery. To further improve services, TRC should address staff vacancies, the volunteer model, more comprehensive implementation of M&E, new mental health prevention models, implement task-sharing models, and include more evidence-based interventions in practice. The quantitative part of the study with the staff doesn't indicate high motivation or refusal to use measures and assessment as part of their daily work.

3.4. Achievements of TRC's Mental Health and Psychosocial Services for Refugees

TRC's MHPSS program has successfully introduced systemic changes which have achieved:
A better system of triage and referral; less ambiguity in terms of staff roles; cohesion within the TRC multidisciplinary team, high staff morale, and introduction of a computer-based evaluation system. The new program is reaching a subpopulation with higher clinical needs. It provides improved access to psychiatrists and child psychiatrists and improved access to psychiatric medications. They have maintained ongoing connections with schools and use volunteers to reach out to students at schools. Overall, there is high satisfaction among beneficiaries regarding TRC services.

3.5. Challenges and Limitations

Challenges of TRC's Mental Health and Psychosocial Services for Refugees

MHPSS services for refugees face multiple challenges, including Covid-19 impact on mental health secondary to increased socio-economic burdens;

Syrians' fears of being deported; Suicidality among adolescents and young adults; Discrimination against Syrians in school and work settings; Early marriage; Domestic violence; Dropout from services due to various factors (change of address, stigma; access to services due to lack of transportation or distance); Increase in divorce rate; Child labor and seasonal agricultural labor.

Limitations of TRC's Mental Health and Psychosocial Services for Refugees

The evaluation revealed several areas of limitations regarding beneficiaries, including:

Lack of comprehensive implementation of evaluation of services provided; Lack of linkage with Syrian primary medical care; Long waiting period for psychotherapy with psychologists in the majority of the centers; Lack of other support/alternative services while waiting for clinical services; Understaffed programs; Challenge of providing MHPSS in large refugee camps. Regarding staff limitations were: Lack of area-specific supervision; Lack of fit between what they want for training and what they get; Lack of professional skill development; Risk of MHPSS staff burnout and low motivation; Volunteers are young and tend to leave when they get jobs.

3.6. Program Delivery

Figure 26 describes the view from an elevated perspective, or when we look at the entire situation from a more distant perspective. When the psychosocial program was initially started to be evaluated in terms of its strengths, it had the delivery of group services, and as a weakness, we identified high dropout and long waiting times for individual clinical mental health services. With the reorganization of services to MHPSS, our observations include improving individual specialistic mental health services and better organization of psychosocial services in terms of triage and referral. However, the new services seem to provide fewer group or family and community-oriented psychosocial services. Additionally, these services can benefit from the task-sharing of psychosocial services.

FIGURE 26. Findings from a "bird view"

Findings Viewed from 30,000 feet

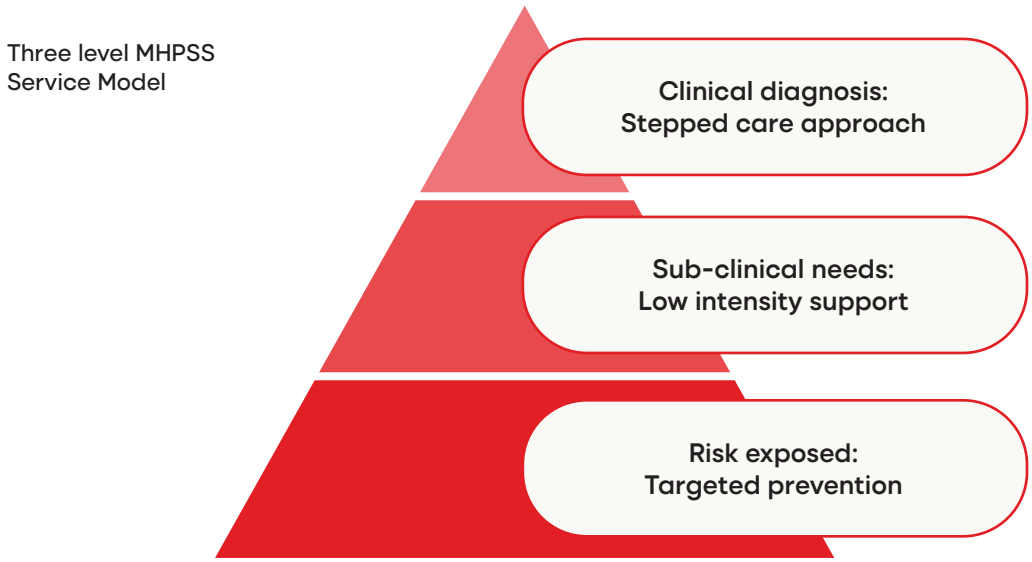
Program	Strengths	Weaknesses
PS	• Group services	• Dropouts • Insufficient individual clinical services
MHPSS	• Specialist services for individuals • Overall organization	• Group services • Family & community services • Psychoeducatio & prevention services • Little to no task sharing

Need for Revision to TRC's Pyramid Model of Service Delivery

TRC's mental health and psychosocial services were designed to address the needs of the target community across a range of vital areas, including basic needs and security, community and family support, non-specialized support, and specialist services. TRC introduced a model to integrate programs being conducted under the heads of protection, health and psychosocial support, livelihood, and social cohesion. This model delineates four areas of service. However, it does not adequately help to guide the incorporation or development of evidence-based interventions or best practices at different levels in the mental health unit. In particular, levels 2 and 3 are the least developed. Consequently, one priority recommendation is to modify the pyramid framework better to delineate group, family, and community programming.

Another priority recommendation is to develop further non-specialist and community and family support services, primarily aimed at addressing those with sub-clinical needs and risk exposure. This can be achieved while maintaining and strengthening the specialized services of MHSP. To achieve success, it is also important to promote the flexible mobilization of TRC's 4 main programs, to fill staffing gaps, and to support comprehensive implementation of the computerized monitoring and evaluation system.
Lastly, TRC could benefit from a new volunteer model where volunteers could be trained to deliver MHPSS service.

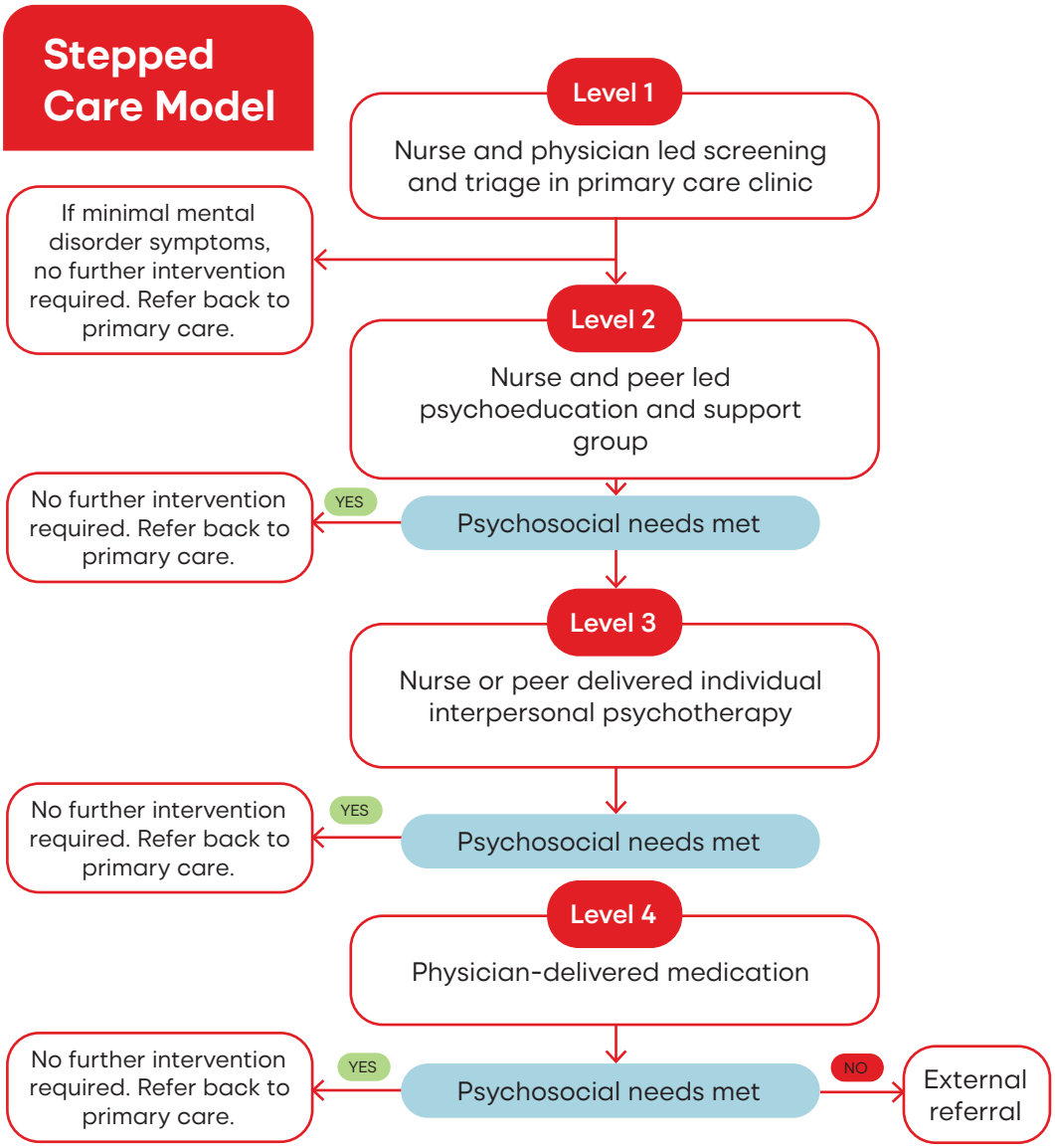
FIGURE 27. Three levels of MHPSS Model



Several areas of focus for non-specialist programming should be considered. One is low-intensity group interventions for clinical and sub-clinical populations in the community centers. One example of how this can be approached is by holding 6 rotating weekly group sessions on promoting wellness.

It is also possible to organize service delivery in a stepped-care format. Stepped care refers to a sequential, multi-component program where persons with less severe conditions receive lower intensity treatments. Higher intensity treatments are reserved for those with more severe conditions or who do not respond to less intensive care (See Figure 27). This approach could be used to reorganize MHPSS services rather than the current strategy of referring most persons initially to psychiatrists. Many beneficiaries could likely have their needs met through less intensive group or individual psychotherapy interventions.

FIGURE 28. Stepped Care Model



Additionally, there is a need for developing new community, school, and family interventions focusing on prevention related to particular problems jeopardizing social cohesion and mental health, especially bullying, discrimination, early marriage, domestic violence, and suicide.

Another area is to partner with Syrian physicians/clinics and to provide evaluation and psychoeducation on mental health problems in primary medical care. It would also be possible to introduce a stepped-care model in the primary care clinics.

All these new interventions can incorporate a task-sharing model where volunteers or non-specialists work alongside specialists to provide MHPSS. They can also offer opportunities for scholarly/academic work by TRC practitioners, especially involving action-based research.

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Annex

Annex 1. Questionnaire for the beneficiaries

SURVEY OF EVALUATION OF TURKISH RED CRESCENT (TRC) PSYCHOSOCIAL SERVICES PROVİDED BY COMMUNITY SERVICES

Part One: Survey Questions for TRC Community Center Beneficiaries

Beneficiary Information/Open Consent Text

In order for us to deliver you the aids provided within the scope of the aid activities of the Turkish Red Crescent Society and to ensure that you receive support from our counselors when needed and to meet your demands, a set of your personal data is processed in physical and electronic environments within the framework of the provisions (a), (ç) and (f) stipulated in Article 5/1 and Article 5/2 of the Law No. 6698 on the Protection of Personal Data. To receive detailed information and learn more about the right to information stated in Article 11 of the foregoing Law on processing personal data, please access Personal Data Protection Policy at https://www.kizilay.org.tr.

❑ I have read and understood the Turkish Red Crescent Information Text Regarding Processing of Personal Data.

❑ As per the Law No. 6698 on Protection of Personal Data, I hereby give consent for my personal data of special nature, which I have shared with the Turkish Red Crescent, to be processed by the Turkish Red Crescent.

❑ As per the Law No. 6698 on Protection of Personal Data, I hereby give consent to receiving information messages with audio-visual content regarding campaigns and other news via electronic mail, phone and similar communication channels from the Turkish Red Crescent and to processing of my personal data for this purpose.

A. Demographic İnformation

1. Please select the center where you received services: (Drop list) Adana, Ankara, Bursa, Gaziantep, Istanbul - Sultanbeyli, Istanbul - Bagcilar, Izmir, Kayseri, Kahramanmaras, Kilis, Konya, Mardin, Mersin, Sanliurfa, Hatay, Kocaeli

2. What is your gender? Male Female

3. What is your age? _____

4. What is your nationality? (Turkısh , Syrian , Afghan , Other)

5. What is your marital status? Never married, Married, Widowed, Divorced.

6. How many years of education have you completed? _____ (Illiterate, Literate, Primary School Graduate, High School Graduate, University Graduate, Postgraduate)

7. What is your current employment status?Drop List: Employed for wage, Self-employed, Out of work and looking for work, Out of work but not currently looking for work, A homemaker, A student,Retired, Unable to work)

8. How many people do you currently live with in your household? _____

9. How many people in your house are currently working?_____

10. How did you hear about services offered in the Turkish Red Crescent Community Center? Droplist: Word of mouth, Friend, Radio, TV, Newspaper, Social media, Other

11. What was your main concern initially when you contacted TRC center:

Drop list: Financial Problems, Behavioral Problems with Children, School Problems with Children, Family Problems, Adults Emotional Problems, Coping with Difficult Life Events, Health Problems, Language, Employment, Registration/Kimlik, Family Reunification, Legal Problems, Housing problem, Day Care For Children, Registering to Specific Course, Hygiene Assistance, Other.

12. What services are you receiving currently from TRC community center? If you are not currently receiving services than please indicate what where the last services your received from TRC community centers?

Drop List: Individual Counseling, Group Counseling, Education Groups, Safe Space for Pre-school Children, Child Psychiatric Services, Adult Psychiatric Services, Training Programs, Language Course, Computer Courses, Others

13. What are the services that you have requested and have not been able to recieve or were not provided?

Drop List: Individual Counseling, Group Counseling, Education Groups, Safe Space for Pre-school Children, Child Psychiatric Services, Adult Psychiatric Services, Training Programs, Language Course, Computer Courses, Others

14. Have your problems been resolved after you received services from the Turkish Red Crescent Community Center? Yes / No

B. List of Services Utilized by Community Centers

15. Did you received Individual counseling services: Yes / No

15.1 If yes, approximate total number of sessions: _____

15.2 If yes, how satisfied are you with the individual counseling? (Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

16. Did you received group counseling Yes / No

16.1 If yes, approximate total number of sessions: ___

16.2 If yes, how satisfied are you with the group counseling? (Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

17. Did you received Adults psychiatric services (e.g. medications) (conditional question will appear only for the centerswhich have these services) Yes / No

17.1 If yes, approximate total number of sessions: ___

17.2 If yes, how satisfied are you with the psychiatric services? (Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

18. Did you received Child psychiatric services (e.g. medications) (conditional question will appear only for the centers which have these services)

18.1 If yes, approximate total number of sessions: Yes / No

18.2 If yes, how satisfied are you with the psychiatric services? (Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

19. Have you attended education sessions /seminar on specific health topics? Yes / No

19.1. If yes, approximate total number of education sessions /seminars:

19.2. If yes, how satisfied are you with the psychiatric services? (Rate from 0 to 10

your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

19.3. Select the topics that are most beneficial for you among the training / seminars you attended from the list. Drop List:

- Oral and Dental Health
- Hygiene Training
- First Aid Training
- Health School of Pregnant
- Medication Use
- Regular Breast Examination
- Prevention of infectious disease and vaccination
- Family Planning
- Hypertension –Diabetes
- Cardiac Vascular Diseases and Obesity
- Cancer Types and Screenings
- Respiratory System diseases
- Mother Baby health
- Reproductive health and diseases
- Nursing of ill and sick people at home
- Healthy nutrition (01 age and pre-school nutrition, school and play period nutrition, adult nutrition)
- Access to healthcare system and Rights
- Mobile appointment system (mhrs)
- Addiction
- Others

20. Did you receive Service of Safe Space for pre-school children? Yes / No

20.1. If yes, how satisfied are you with the Service of Safe Space for pre-school children? (Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

21. Did you receive Service of Safe Space for children older than six (6) years old? Yes / No

21.1. If yes, how satisfied are you with the Service of Safe Space for children older than six (6) years old? (Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 1

22. Did you benefit from other services offered at the Community Center? Yes / No

22.1. (choose from the drop list: health scans, receiving Hygiene kit from TRC centers, home visit from TRC staff, children received school based psychosocial intervention, Health referrals, Pregnant school, Developmental screening, Child development counseling, Psychoeducation)

22.2. If yes, how satisfied are you with this service? (Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

23. During the COVID-19 Pandemic, did you benefit from the services offered by telephone or internet? Yes / No

23.1. If yes, approximate total number of sessions: ___

23.2. If yes, how satisfied are you with services by telephone or internet during COVID?

(Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

24. How satisfied are you with phone or online services during COVID-19 pandemics? Very satisfied, Somewhat satisfied, Moderately satisfied, Dissatisfied, Very Dissatisfied.

25. Do you have difficulties in receiving psycho-social services through the internet from TRC centers? Yes / No

25.1.If yes, what are the difficulties you are experiencing?

- No internet connection
- Limited package for internet connection
- Weak internet connection
- Other specify:_____

C.Overall Beneficiary Satisfaction and Perceived Quality of Care Index

26. How satisfied are you with the respectfulness of TRC psychosocial staff?

(Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

27. How satisfied are you with the amount of time a TRC psychosocial staff spent with you during your visit/s?

(Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

28. How satisfied are you with the time between when you requested a service and time until it was delivered?

(Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

29. Did you experience a delay in receiving psychosocial services from the TRC? Yes / No

27.1. If Yes, were you informed by TRC staff on potential delays of these psychosocial services? Yes / No

30. How satisfied are you with getting services in your language from TRC psychosocial staff?

(Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

31. How satisfied are you with support from psychosocial staff during the COVID pandemic?

(Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

32. How satisfied are you with the help that you have received from psychologists or counselors at TRC?

(Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

33. How satisfied are you with the way TRC psychosocial staff explained your problems?

(Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

34. How satisfied are you that the psychosocial services you received are helping with your initial problem?(Rate from 0 to 10 your satisfaction 0 being not satisfied at all and 10 totally satisfied.) 1 2 3 4 5 6 7 8 9 10

D. Fit of Needs of Beneficiaries with Services Provided

35. The TRC psychosocial and health programs fit the needs of my and my family. (Rate from 0 to 10 the level of fit 0 being no fit at all and 10 total fit.) 1 2 3 4 5 6 7 8 9 10

36. What are the five biggest problems that you are facing? Please identify five from the list below.

- Employment
- Education of children
- Health and psychological development of children
- Coping with everyday stress/mental health
- Accommodation
- Learning Turkish
- ID card and documentation
- Discrimination
- Health and well-being
- COVID
- Health services Access
- Costs of educating the children
- Child labour
- Problems with the host community
- Getting medical supplies
- Domestic violence
- School bullying / peer bullying
- Meeting basic food and hygiene needs

- Others (please specify)

Annex 2 - Survey Questions for Community Center Psychosocial Workers

1. What is your current position in TRC (please type in your title): What is the last degree of education which you have completed?

2. Primary school High School University Master Ph. D. M.D.

3. What is the number of months that you are working in TRC? ___

4. Have you done psychosocial work at another organization prior to TRC: Yes / No

5. Competences – Work Content

5.1 I know what is expected of me in this job.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

5.2 This job allows me to use my skills.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

5.2 I understand my daily duties at this job.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

5.4 In this job management rarely interferes in my work.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

6. Using Measures

6.1. There is a set of psychosocial measures that we use on regular bases.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

6.2 There is more space to use psychosocial measures in our everyday work.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

6.3 I would be open to using more psychosocial measures in our everyday work.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

6.4 Psychosocial measures would help to evaluate the impact of the work that I do.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

6.5 I need training in using psychosocial measures.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

7. Program and Content (evidence based, evaluable, fit to beneficiary needs)

7.1 Programs offered from our center fit very well with the needs of beneficiaries.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

7.2 Programs need serious adjustments to fit the existing needs of beneficiaries.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

7.3 The programs we offer are based on evidence-based intervention.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

7.4 The programs we offer are based upon good or best practice implemented in some other context.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

7.5 The services we provide are evaluable.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

7.6 I have clear indicators (measurable) on whether I am achieving changes with my work or my program.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

7.7 Please rank the programs from most to least beneficiary to the Beneficiaries of center. (there should be a list of services and than respondents do the ranking) Drop-down List: Individual Counseling, Group Counseling, Group Training, Safe Space for Preschool Chil-

dren, Child Psychiatry Services, Adult Psychiatry Services, Education Programs, Language Courses, Skill Acquisition Courses

7.8 The psychosocial programs we offered before COVID have been successfully maintained or modified during COVID. (Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

7.9 During COVID, we have successfully developed new psychosocial services for beneficiaries.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

7.10 Please write what other services should be provided from the TRC center where you work (open optional).

8. Work Condition – İnfrastructure

8.1 I have all the necessary physical space to do my job well

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

8.2 The overall physical condition of the building I work in is adequate.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

8.3 I have necessary Personal Protection Equipment for staying safe during COVID.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

8.4 I am able to maintain social/physical distancing in my work at TRC during COVID.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

8.5. I have the necessary Wi-Fi and digital equipment for doing virtual work during COVID.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

9. Training Needs & İmprovement and Development

9.1 This job provides me with adequate opportunities to learn new skills.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

9.2. This job provides me with adequate opportunities to participate in training programs.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

9.4 I would need training in following areas please write at least three:

9.4 Please write in detail what TRC can do more to help you with training and personal development (open ended optional)

10. Motivation

10.1 I work in this job because I have a chance to help other people through my work.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

10.2 I work here because it makes me feel important.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

10.3 I only work here so that I can get paid.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

10.4 I frequently think of quitting this job.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

10.5. I am burned out from my work in general.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

10.6 I am burned out from my work since COVID.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

10.7 Please write in detail what TRC can do more to help you with supervision and personal development (optional)

11. Work demands

11.1 There are unnecessary procedures in this job that take time away from my actual work.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

11.2 I am often asked to do things that are not my duties.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

12. Supervision and communication

12. 1 In this job work assignments are not fully explained.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

12. 2 I can get help from my supervisor or my manager when I need it.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

12. 3 My manager or my supervisor never gives me any feedback about how well I am doing in

my job.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

12.4 When I do a good job, I receive recognition from my supervisor or my manager.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

12. 5 I have regular professional supervision, which helps me to do my work better.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

12.6 Please write in detail what TRC can do more to help you with supervision (optional)

13. Climate

13. 1 I have good working relationships with my colleagues.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

13. 2 I find I have to work harder at my job because of the incompetence of people I work with.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

13. 3 The staff in this facility have opportunities to express their opinions

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

13. 4 My supervisor is fair to me.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

13. 5 I feel like I am rewarded fairly for the work I do.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

14. Financial reward

14.1 The financial benefits we receive are as good as most other jobs in this field in Turkey.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

14.2 There are few financial rewards for those who work here.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

15. Promotion

15.1 Those who do well on the job stand a fair chance of being promoted.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.) 1 2 3 4 5 6 7 8 9 10

15.2 There is really too little chance for promotion in this job.

(Rate from 0 to 10: 0 strongly disagree to 10 strongly agree.)

1 2 3 4 5 6 7 8 9 10

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