Original article / *Araştırma*

The relation between Syrians' quality of life, depression and anxiety levels and economic conditions: a cross-sectional study at an adult refugee mental health clinic in Turkey

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ÖZ

Objective: *The aim of this study is to investigate the relationship between depression, anxiety symptoms, economic status and the quality of life of Syrians who applied to the adult refugee mental health outpatient clinic in Istanbul, Turkey.* ***Methods:*** *Syrians who applied to the refugee mental health outpatient clinic for the first time were included in the study. A sociodemographic data form, the Quality of Life Scale (WHOQOL-BREF) and the Hopkins Symptom Checklist (HSCL-25) were administered to the participants.* ***Results:*** *This study found a negative, moderate and significant correlation between both the HSCL-25 depression subscale scores and WHOQOL-BREF scores (r=-0.56, p<0.01), and the HSCL-25 anxiety subscale scores and WHOQOL-BREF scores (r=-0.47, p<0.05). There was no significant correlation between economic status and WHOQOL-BREF scores (r=0.11, p=0.40). There was no significant correlation between the age and the WHOQOL-BREF scores of the participants (r=0.18, p>0.05), while their education levels and WHOQOL-BREF scores were positively and weakly correlated (r=0.27, p<0.05).* ***Discussion:*** *This study found that refugees' levels of psychological symptoms are closely related to their quality of life. Thus, it is so important to treat asylum seekers' mental disorders to improve quality of their lives. The study also found that the Syrians' depression and anxiety symptom levels were more highly correlated than their economic conditions.* ***(Anadolu Psikiyatri Derg 2020; 21(4):403-408)***

Keywords: *anxiety, asylum seekers, depression, mental health, quality of life, refugees*

Kliniğe başvuran Suriyelilerde anksiyete, depresyon ve ekonomik durumun yaşam kalitesiyle ilişkisi: Türkiye'de bir mülteci ruh sağlığı polikliniğinden kesitsel bir çalışma

ABSTRACT

Amaç: *Bu çalışmanın amacı, İstanbul'da bir erişkin mülteci ruh sağlığı polikliniğine başvuran Suriyelilerde görülen depresyon, anksiyete belirtileri ile ekonomik durumun yaşam kalitesiyle ilişkisini incelemektir.* ***Yöntem:*** *Çalışmaya mülteci ruh sağlığı özel dal polikliniğine sağlık hizmeti almak için ilk defa başvuran Suriyeli gönüllüler alınmıştır. Katılımcılara Sosyodemografik Veri Formu, Yaşam Kalitesi Ölçeği (WHOQOL-BREF) ve Hopkins Belirti Envanteri (HSCL-25) uygulanmıştır.* ***Sonuçlar:*** *Çalışmamızda HSCL-25 depresyon ve anksiyete alt ölçek puanları ile yaşam kalitesi ölçek puanları arasında negatif yönde, orta düzeyde, anlamlı korelasyon ilişkisi saptanmıştır (sırası ile r=-0.56, p<0.01; r=-0.47, p<0.05). Ekonomik durum ile yaşam kalitesi ölçeği arasında yapılan korelasyon analizinde anlamlı ilişki saptanmamıştır (p=0.40, r=0.11). Katılımcıların yaş ortalaması ile yaşam kalitesi puanları arasında anlamlı korelasyon ilişkisi saptanmazken (r=0.18, p>0.05), eğitim düzeyi ortalaması ile yaşam kalitesi puanları*

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arasında pozitif yönde, zayıf düzeyde anlamlı korelasyon ilişkisi olduğu görülmüştür (r=0.27, p<0.05). ***Tartışma****: Mültecilerde ruhsal bozukluk belirti düzeyleri yaşam kalitesi ile yakından ilişkilidir. Bu nedenle mültecilerin ruhsal hastalıklarını tedavi etmek yaşam kalitelerini arttırabilir. Ekonomik koşullara göre ruhsal bozukluk varlığı mültecilerin yaşam kalitesini daha fazla etkiliyor olabilir.* ***(Anatolian Journal of Psychiatry 2020; 21(4):403-408)***

Anahtar sözcükler: *Depresyon, kaygı, mülteci, sığınmacı, ruh sağlığı, yaşam kalitesi*

INTRODUCTION

Since 2011, the conflict in Syria has forced many Syrians to migrate. According to UN data, approximately 5.6 million Syrians have applied for refugee status to numerous governments.[1] Approximately 3.6 million Syrians who applied to the United Nations for refugee status are living in Turkey.[2] Although Turkey does not grant legal 'refugee' status to Syrians, but considers them to be under 'temporary protection,' Syrians will be referred to as 'refugees' throughout this study.

Studies have shown that displaced persons have lower quality of life than the residents of their countries of asylum.[3,4] Researchers have also reported that there are many variables affecting asylum seekers' and refugees' quality of life either in a negative or positive way. Studies have reported that factors such as low socioeconomic status and education levels, trauma, intense mental stress, adverse life events after migration, lengthy pending refugee status procedures, psychopathology, and elderliness cause poor quality of life, and that living in society instead of a refugee camp, strong social support and being able to handle problems improve their quality of life.[5-11]

There is an increase in mental illnesses of refugees and asylum seekers.[12] In their review of studies of refugees' long-term mental health, Abou-Saleh and Christodoulou reported that the most frequent illnesses were depression, post-traumatic stress disorder (PTSD) and anxiety disorder.[13] They also reported that physical and mental health had the most effect on quality of life of refugees and asylum seekers.[5] Similarly, Kashdan et al. found that Kosovan refugees with social anxiety disorder, PTSD or major depression had significantly worse quality of life than those who did not have such illnesses.[7] Teodorescu et al. reported that post-traumatic stress symptoms and depressive symptoms were negatively correlated.[14]

The aim of this study is to investigate the relationship between depression, anxiety symptoms, and economic status and quality of life of Syrians who visited the adult refugee mental health outpatient clinic in Istanbul, Turkey. The hypothesis of the study is that there is a correlation between low economic status, depression and anxiety symptoms and poor quality of life.

METHODS

The refugee outpatient clinic is located in the Bakırköy Psychiatric Training and Research Hospital and provides services to Syrians only. The outpatient clinic is open on Wednesdays. The service is provided by a mental health specialist who is a near-native speaker of Arabic.

Sample

The sample of the study consisted of 60 Syrian applicants who visited the refugee mental health outpatient clinic of Bakırköy Psychiatric Training and Research Hospital (BPH) for the first time. While applicants between 18-65 years of age, gave written consent and came from Syria after 2011 were included, patients with severe mental disorders (e.g. acute manic episodes or psychotic relapses) and who did not give consent were excluded from the study.

Assessment tools

These forms were administered to the participants:

The Sociodemographic Data Form: This form was prepared by the researcher and includes questions about age, gender, economic status, marital status, education level and employment status. The participants were asked to define their economic status as having an income higher than their expenses, an income equal to their expenses or more expenses than income.

The Quality of Life Scale (WHOQOL-BREF): This study used 26-item short form of the Quality of Life Scale developed by the World Health Organization.[15] The responses are scored on a 5-point Likert-type scale. The participants were asked to consider the last two weeks of their lives. The Arabic validity and reliability study of the scale was conducted by Ohaeri and Awadalla et al.[16]

The Hopkins Symptom Checklist (HSCL-25): This scale was developed by Derogatis et al. to determine depression and anxiety symptom levels and has been used with different groups.[17,18] The scale includes 25 items: 10 about anxiety

symptoms and 15 about depression symptoms. The items are scored on a 4-point Likert-type scale. The study was conducted with the Arabic version of the scale, which had been used and proven to be valid and reliable by previous studies.[19]

Procedure

Ethical approval for the study was obtained from the ethical committee of Bakırköy Mental Health Training and Research Hospital. The scales were based on self-reporting, and the participants filled out the forms on their own. However, a Syrian pollster who is a native speaker of Arabic was trained by the researcher for half a day to help the illiterate participants with the scales. Of the patients who visited the refugee mental health outpatient clinic for the first time, those who gave their verbal and written consent were taken to a separate room and asked to fill out the WHOQOL-BREF and HSCL-25 scales (due to safety concerns, the participants who did not want to give their names were told not to do so). After filling out the scales, the participants filled out the sociodemographic data form.

Statistics

The data were analyzed using SPSS 20.0. Descriptive analyses of the participants' sociodemographic characteristics were carried out. Correlations between continuous variables were assessed using Pearson's correlation, correlation between continuous and categorical variables were assessed using Spearman correlation analysis.

RESULTS

This study included 60 voluntary participants; however, three of the participants' forms had missing data. Therefore, the analyses were conducted with 57 participants, 36 of whom were female (63.2%). It was found that the participants' mean age was 39.1±13.4 years (range: 21-76), and that their mean education level was 6.4±3.4 years (range: 0-18). Of the participants, 13 were single (22.8%), 28 were married and living together (49.1%), and four were married but living apart (7%). Another nine were divorced (15.8%), and three were widowed due to death of their spouse during the war (5.3%) (Table 1). Of the participants, 15 were employed (26.3%), 36 were unemployed and not seeking work (63.2%) and six were unemployed and seeking

Table 1. The participants' sociodemographic data and scale scores

n=57	Min.	Max.	Mean±SD
Age	21	76	39.1±13.4
Education	0	18	6.4±3.4
Time spent in Turkey (month)	2	72	40.3±17.2
Quality of Life Scale	35	122	88.7±23.6
HSCL anxiety subscale	10	38	26.8±7.5
HSCL depression subscale	22	57	37.5±9.9
	n	%	
Gender			
Female	36	63.2	
Male	21	36.8	
Marital status			
Single	13	22.8	
Married and living together	28	49.1	
Married but living apart	4	7.0	
Divorced	9	15.8	
Widowed	3	5.3	
Employment status			
Unemployed and not seeking a job	36	63.2	
Unemployed but seeking a job	6	10.5	
Employed	15	26.3	
Economic status			
Income lower than expenses	38	66.7	
Equal income and expenses	19	33.3	
Income higher than expenses	0	0	

HSCL-25: Hopkins Symptom Checklist

work (10.5%). While no participants had more income than expenses, 19 had equal income and expenses (33.3%), and 38 had more expenses than income (66.7%) (Table 1).

The study found that the mean Quality of Life Scale score was 88.7±23.6 (range: 35-122), that the mean HSCL-25 anxiety subscale score was 26.8±7.4 (range: 10-38), and that the mean HSCL-25 depression subscale score was 26.8±9.9 (range: 22-57) (Table 1).

The correlations between the HSCL-25 subscale scores and economic status and the quality of life scale scores were analyzed. There was a negative, moderate and highly significant correlation between the HSCL-25 depression subscale scores and the Quality of Life Scale scores. There was also a negative, moderate and significant correlation between the HSCL-25 anxiety subscale scores and the Quality of Life Scale scores (r=-0.56, p<0.01; r=-0.47, p<0.05) (Table 2). Spearman's correlation analysis found no significant correlation between economic status and the Quality of Life Scale (r=0.11, p=0.40) (Table 2).

Table 2. Correlations between quality of life, economic status, and depression and anxiety levels (Pearson's and Spearman's correlations)

		1	2	3	4	5	6
1. Quality of Life Scale scores	r	1					
2. HSCL-25 anxiety subscale scores	r	-0.47*	1				
3. HSCL-25 depression subscale scores	r	-0.56**	0.46**	1			
4. Economic status	r	0.11	0.04	0.03	1		
5. Age	r	0.18	-0.12	0.11	-0.16	1	
6. Education	r	0.27*	0.15	-0.01	0.28*	-0.17	1

**: p<0.05; **: p<0.01, HSCL-25: Hopkins Symptom Checklist*

While there were no participants with more income than their expenses, there was no significant difference between participants with less income than their expenses and the participants with equal income and expenses in terms of depression and anxiety levels (t=0.03, p=0.97; t=0.04, p=0.96), and quality of life (t=0.8, p=0.40).

While there was no significant correlation between participants' mean age and Quality of Life Scale scores (r=0.18, p>0.05), there was a positive, low-level significant correlation between mean education level and the Quality of Life Scale scores (r=0.27, p<0.05) (Table 2).

DISCUSSION

This study analyzed the correlation between the quality of life and age, education, depression and anxiety levels, and economic status. There was no significant correlation between age, economic status and quality of life, but there was a significant correlation between quality of life, and levels of depression and anxiety symptoms.

Psychopathology is only one of the many variables that are known to affect quality of life. However, this variable is very important. Teodorescu et al. used a regression analysis model to determine that depression and post-traumatic stress disorder symptoms are significant predictors of quality of life.[14] Most studies focus on post-traumatic stress and depression symptoms. However, this study found that anxiety symptoms are also associated with quality of life, although to a lesser extent than depression symptoms. Not only the traumatic experiences and subsequent frequent depression and PTSD symptoms of refugees and asylum seekers, but also their concerns for the future should be considered important. However, studies have shown that, after socioeconomic and sociocultural migration, difficulties experienced in the country of residence and especially life events greatly affect their quality of life.[6,20] Uncertainty about refugees' legal status also affects their quality of life. Therefore, psychosocial interventions, especially those that help with uncertainty and post-migration concerns, in addition to treating psychopathologies such as depression and PTSD can improve refugees' and asylum seekers' quality of life. Enhanced cognitive and behavioral interventions for refugees significantly reduced their levels of depression and anxiety

and improved their quality of life.[21] Therefore, it is important to include cognitive and behavioral interventions in psychosocial intervention programs.

One of the hypotheses of this study is that economic status is correlated with quality of life; however, the study data did not support this hypothesis. A study conducted with other refugee groups found that their satisfaction with life is most affected by occupational and financial satisfaction.[9] Similarly, recent studies conducted with Palestinian and Syrian refugees in Jordan have shown that their quality of life is associated with education and socioeconomic levels.[4,11] During the planning of this study, we assumed that economic status and education level would correlate with quality of life. There was a significant correlation between education level and quality of life, but no significant correlation was found between economic status and quality of life. This is presumably because there were no participants with more income than their expenses. Therefore, individuals with high incomes and low incomes could not be compared. The study only included a comparison between participants with incomes equal to or less than their expenses. On the other hand, unlike Colic et al., we found that quality of life was associated with psychological symptoms levels, but not with economic status.[9] Although, it is commonly believed that economic condition positively correlates with life quality, the relation between them can be dualistic more than linear. Moreover, while psychopathology has stronger correlation with quality of life than socioeconomic conditions, it needs to be supported by further research conducted with Syrians who have high incomes.

Limitations

The data were collected at a single clinic, and there was no control group. Therefore, the data cannot be generalized to Syrians living in Turkish society. Another limitation was that there were no participants with more income than their expenses. The reason for this limitation may also be the participants' expectation of social support in addition to healthcare services. In addition, it can be a limitation to ignore PTSD symptoms of participants. Finally, the scales used in the study are based on self-reporting, so they may be affected by memory lapses and subjective opinions.

Conclusion and recommendations

Education levels and anxiety and depression symptom levels are closely associated with the quality of life of the Syrian refugees who visited the clinic. Therefore, it is vital to provide access to healthcare services and to treat mental illnesses to improve their quality of life. Quality of life can be improved by psychosocial interventions that help with post-migration stress factors that cause uncertainty and anxiety and by treating depression and anxiety disorders. The relation between economic conditions and life quality can be dualistic more than linear. Although this study did not find a correlation between economic status and quality of life, this finding should be reassessed by future research that includes participants with high incomes.

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