



**MORE TURKS REPORT
ANXIETY, STRESS AND**

DEPRESSION
UNDER ERDOĞAN'S RULE

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Stockholm Center for Freedom (SCF) is an advocacy organization that promotes the rule of law, democracy and fundamental rights and freedoms with a special focus on Turkey, a nation of 80 million that is facing significant backsliding in its parliamentary democracy under its autocratic leaders.

SCF, a non-profit organization, was set up by a group of journalists who have been forced to live in self-exile in Sweden against the backdrop of a massive crackdown on press freedom in Turkey .

SCF is committed to serving as a reference source by providing a broader picture of rights violations in Turkey, monitoring daily developments on fact-based investigative journalism and documenting individual cases of the infringement of fundamental rights. The founders of SCF are top-notch journalists who had managed national dailies in Turkey and worked for leading media outlets before they were forced to leave. They have the expertise, human resources and network on the ground to track events in Turkey despite serious challenges.



INTRODUCTION

The escalating clampdown on fundamental rights and freedoms in an increasingly repressive regime of Turkey under the autocratic leadership of president Recep Tayyip Erdogan might have very well contributed to the spike in the prevalence of stress, depression and anxiety in Turkish society, a recent poll done by Stockholm Center for Freedom has revealed.

Among the polled, 86.3 percent of respondents said they experience high level of depression, followed by 78.8 percent stating they struggle with stress and 72.1 percent reporting they tackle with anxiety. The study that is based a number of self-report questionnaires among Turks indicated that 65.1 percent participants described themselves as being unhappy with varying degrees while 34.9 percent considered themselves as being happy, again on varying levels.

That shows the rapid backslide on the rule of law, democratic rights and fundamental freedoms coupled with the worsening outlook on economy and increasing violence and terror incidents might have taken a toll on the psychological well-being of Turkish society. It also reveals the Turkish government is failing its responsibility in shoring up the feeling of happiness among Turks especially against the background of government's blatant interventions in the individual rights and freedoms.

Considering that personal happiness is bound to, among others, individual beliefs, faiths, dreams, ideologies, sensitivities and perceptions to which no one including authorities is called upon to pass judgement, stigmatize, vilify and interfere with, Turkish government's real or perceived interference to individual choices in Turkey may have contributed to this worsening picture.

According to the Turkey's Health Ministry's statistics, the number of anti-depression drug use has increased 23.2 percent from 35,4 million boxes in 2014 to 43,6 million in 2015. In the first nine months of 2016, the latest available data, this rose to 33,6 million boxes of anti-depression drugs. It was reported that one in every ten person in Turkey is using anti-depression drugs.¹ The Health Ministry also announced on August 5, 2014 that 9.2 million Turks went to hospitals and clinics to seek a treatment on psychological problems, up from three million in 2009.² Turkey's main opposition party Republican People's Party (CHP) submitted a motion³ in Parliament on December 10, 2015 asking for the establishment of an investigation commission to look into rising cases of psychological disorders. The motion was not debated in Parliament yet. Similar motion was also submitted on March 1, 2015 by the pro-Kurdish Peoples Democratic Party⁴ (HDP) but that motion was not taken up in the Parliament before the legislation session completed, killing the motion.

1] "10 kişiden 1'i ilaç kullanıyor", Milliyet, 24 March 2017, <http://www.milliyet.com.tr/10-kisiden-1-i-ilac-kullaniyor-gundem-2419359/>

2] "Turkey's Health Ministry Response to opposition lawmaker's question", Turkish Parliament, 12 July 2013, <http://www.tbmm.gov.tr/d24/7/7-29113sgc.pdf>

3] "TBMM Meclis Araştırması Önergesi", CHP, 10 December 2015, <http://www.tbmm.gov.tr/d26/10/10-9986gen.pdf>

4] TBMM Meclis Araştırması Önergesi", HDP, 27 November 2012, <http://www.tbmm.gov.tr/d24/10/10-158266gen.pdf>

The Turkish government's unwillingness into investigating root causes of rising cases of psychological disorders and high usage of anti-depression drugs defies common sense. It is most likely that the government does not want to get blamed for this and it rather tries to sweep the dirt under the rug. The current Islamist regime of Turkey has been constantly criticized by observers for undermining the personal or collective enjoyment of life among ethnic and social groups especially targeting the vulnerable ones in the last couple of years with relentless persecution of critical groups such the Kurdish political movement, Alevis and the faith-based Gülen movement.

In this study which aimed to explore the prevalence of mental health problems and its relationship with happiness, a Turkish version of Depression, Anxiety and Stress Scale (DASS-42) was used to measure psychological mood disorders while happiness level was assessed by using Turkish version of Subjective Happiness Scale. Alongside these two scales, a sociodemographic questionnaire was created to measure a number of sociodemographic factors. A total of 358 took part in the study with the mean age of 36.1 (standard deviation = 9.5).

The present findings suggested that a significant proportion of Turks in the sample group has suffered from depression⁵, stress⁶ and anxiety⁷ leading to a low-level of happiness.⁸ This result, which requires further research and in-depth study on all aspects, also highlights the responsibility of Turkish government in urgently addressing problems in the psychological well-being of Turks.

5] Depression is a state of low mood lasting for a long time by affecting people's everyday life. There are lots of factors causing people to suffer from depression. For example, a death in the family, losing a job, separation and divorce, financial instability are only some of them. People have times when they feel sad, loneliness, miserable, and hopeless about life. These are usual and common feelings and they typically pass with time. However, if they inhibit someone from every day activates leading to experience an excessive level of distress, or invade his or her mind continuously, then he or she is considered to have depression. There are variety of symptoms of depression and individual differ in showing those symptoms. Primary symptoms of depression are feeling helplessness and worthless, loss of interests in activities, difficulty in concentrating, low appetites, thoughts of death or suicide etc. Feeling depression is serious, but possible to be treated if efficient and proper treatments are applied.

6] Experiencing stress to a mild level can be considered as normal part of life. It can be a beneficial drive that allows people to take an action toward the challenging task, feel energetic to perform better and get the desirable results. However, experiencing stress to an excessive level could be onset of a problem for people and potential threat to their well-being. Either external factors or internal factors or both can cause stress. There is a reciprocal relationship between stress and mental health problems. That is, stress is very closely associated with mental health in two ways: (a) Stress can lead to mental health problems and trigger extant problems worse. For instance, if a person frequently find himself/herself to over-react to situations, it is more likely that he or she might develop a mental health problem such as anxiety and depression; (b) mental health problems can result in stress. For example, people with mental health problems may find difficult to manage and cope with their day-to-day life tasks. This can be additional sources of stress. Living under a stressful environment can result in someone to experience most common mental health problems. This may in turn lead to people to have detrimental effects on different life domains including social relationship, marriage, physical health, work and so on.

7] Anxiety is a state of extreme feelings of discomfort, fear and worry. Because state anxiety is considered as normal human experience, it is normal to expect from someone to experience occasionally. For example, it is usual to feel anxious when attending a job interview or moving from one place to another. However, anxiety could be become a mental health problem when it lasts for a long period of time with a continuous strong feeling. Anxiety involves both the psychological and the physical states that may arise as a result of experiencing or worrying about something. That is, anxiety incorporates cognitive, emotional, somatic and behavioral factors. Combination of these factors can lead to unpleasant feelings pertaining to fear, discomfort, worry or panic.

8] Pursuit of happiness is one of the main goals and priorities for many people. Therefore, each community prioritize to achieve individual's happiness. Research in the field of psychology showed that there are three main factors affecting one's happiness level. These factors mainly include genetics, life circumstances (e.g., healthy or unhealthy, married or divorced etc.) and intentional activities (the ability to change our happiness level by practicing happiness-relevant activities). Researchers predominantly believe that there are three main components of happiness: emotional, social and cognitive. Emotional component presents to experiencing a positive emotional state over negative emotional states while cognitive component refers to people's overall evaluation of everyday events with optimism. The social component is associated with one's positive social relationships with others. Taking into account all of these, those are considered as happy if they experience more positive feeling, overall satisfaction with life and fulfilling social engagement while those are considered as unhappy if they experience more negative feeling, less satisfaction with life and less social interaction.

Instead of addressing the root causes of this growing problem in Turkey, president Erdogan, the government officials and the pro-government media continue to fuel hysteria and paranoia in Turkish society by constantly floating conspiracy theories and inventing domestic and foreign enemies in what was seen as an attempt to distract public opinion from ongoing problems in economy, security and social politics in Turkey. The government is also motivated to find scapegoats for its own troubles.

The top human rights defenders including Amnesty International country director and board chairman were portrayed by the government as foreign agents who want to dismember Turkey and plot a chaos while Gülen movement, the peaceful, law-abiding civic group, was blamed for orchestrating a botched coup bid of July 15, 2016 without any convincing evidence that was presented by the authorities. Everyday dozens of people are arrested in Turkey over postings in social media sites while some 1,000 members of the Gülen movement rounded up on a weekly basis on trumped up charges and with no evidence.

Turkey has suspended or dismissed more than 150,000 judges, teachers, police and civil servants since July 15, 2016. Turkey's Justice Ministry announced on July 13, 2017 that 50,510 people have been arrested and 169,013 have been the subject of legal proceedings on coup charges since the failed coup. The government also crackdown on independent and critical media, shuttering lose to 200 media outlets, jailing 273 journalists as of July 27, 2017. The government is also looking to arrest an additional 109 on trumped up terror charges.

Since last year, eighty three suspicious deaths and suicides, most in detention centers and prisons, were documented by SCF. Some if not all are believed to be related to the overbearing repressive environment that was created by Erdogan regime.

Purpose of the Research

Considering the upheaval in Turkey in the last couple of years, it is useful to determine the prevalence of major mental health problems among Turkish, which not only affect their personal lives, but also their social life, work performance, marriage satisfaction and many other life domains at different points of time in their day-to-day life. Therefore, the present study was designed to explore the prevalence of common mental health problems (depression, anxiety and stress) and its relation with happiness in Turkey during 2017.

Participants

Table 2 shows the main characteristic of respondents. The target respondents of the study consisted of 358 community sample, 237 (66.2 percent) of which were male and 121 (33.8 percent) were female. The participants ranged in age from 18 to 70 years with the mean age of 36.1 (SD = 9.5). Concerning the highest level of education completed, they were predominantly of a university graduate with 50.3 percent followed by 21.2 percent, 13.7 percent and 8.7 percent reporting to master degree, completed some PhD or PhD graduate and high school graduate respectively.

In terms of socioeconomic status, these participants also predominantly reported as medium (61.2 percent), with low (20.1 percent) being the next highest reported socioeconomic status. With regard to marital status, 76 percent of participants reported living as married with 22.6 percent single, and 1.4 percent widowed.

We adapted a combination of opportunistic and snowball sampling recruitment procedure, with social networking sites used firstly to contact participants, who were then asked to forward details of the study to acquaintances.

Table 2. Socio-demographic characteristics of participants (total number 358)

Characteristics	Sub-characteristics	Number	%
<i>Gender</i>	Male	237	66.2
	Female	121	33.8
<i>Marital status</i>	Married	272	76.0
	Single	81	22.6
	Widowed	5	1.4
<i>Socioeconomic Status</i>	Very low	33	9.2
	Low	72	20.1
	Middle	219	61.2
	High	34	9.5
<i>Educational Background</i>	Primary and secondary school graduate	6	1.7
	High school graduate	31	8.7
	College graduate	16	4.5
	University graduate	180	50.3
	Master graduate	76	21.2
	Completed some PhD or PhD graduate	49	13.7

Measures

In order to obtain information regarding the main variables, two most widely used questionnaires (described below) in psychological research were used in an attempt to measure mental health. In addition to these questionnaires, a demographic form was developed to assess main characteristics of the respondents.

Demographic Form

All participants completed a questionnaire in relation to demographic information. This information consisted of participant's age, sex, marital status, education level and socioeconomic status.

Depression, Anxiety and Stress Scale (DASS-42)

The scale consists of 42 items formed to assess the three major negative emotional states; depression (e.g., sadness, loss of interest), anxiety (trembling, swallowing

difficulties) and stress (e.g., irritability, tension), simultaneously. Participants are asked to report their current (within the past week) aforementioned emotional states. Each of the three scales includes 14 statements rated on a 0-3 scale ranging between 0= did not apply to me at all and 3= apply to me very much. A total score for each scale is created by adding up the respective items on the scale. Scores range between 0 and 42 with high scores representing symptoms of negative emotional states. Assessment of normality for the each of the scale (see Table 1) ranges between 0-9 for depression, 0-7 for anxiety, and 0-14 for stress. Any scores above these ranges present some degree of negative symptoms varying from mild to extremely severe.

Table 1.	Scoring the Depression Anxiety Stress Scale		
	Stress Scale	Anxiety scale	Depression scale
Normal	0–14	0–7	0–9
Mild	15–18	8–9	10–13
Moderate	19–25	10–14	14–20
Severe	26–33	15–19	21–27
Very severe	≥34	≥20	≥28

Subjective Happiness Scale (SHS)

The scale is a widely used in both psychological research and practical purposes. The SHS includes four items that requires respondents to evaluate their subjective happiness on a 7-point. High scores on the scale represent high level of happiness while low scores show low level of happiness.

Procedure

All participants completed on-line versions of the measures on an electronic system where participants had to answer the questions. Participants were given informed consent via the first page of the electronic survey, where they were required to present agreement before proceeding or were allowed to withdraw from the study. The provided consent form consisted of information about the anonymity and confidentiality of the data, and exiting both during and after the involvement. Participation of the study was completely voluntarily.

Results

The research analyses begun with a description of the general characteristics of the whole sample as indicated in Table 1. This was followed by reporting prevalence rates of depression, anxiety and stress as well as reporting the proportion of happiness and

unhappiness levels. The relationship between happiness and depression, anxiety and stress were also reported.

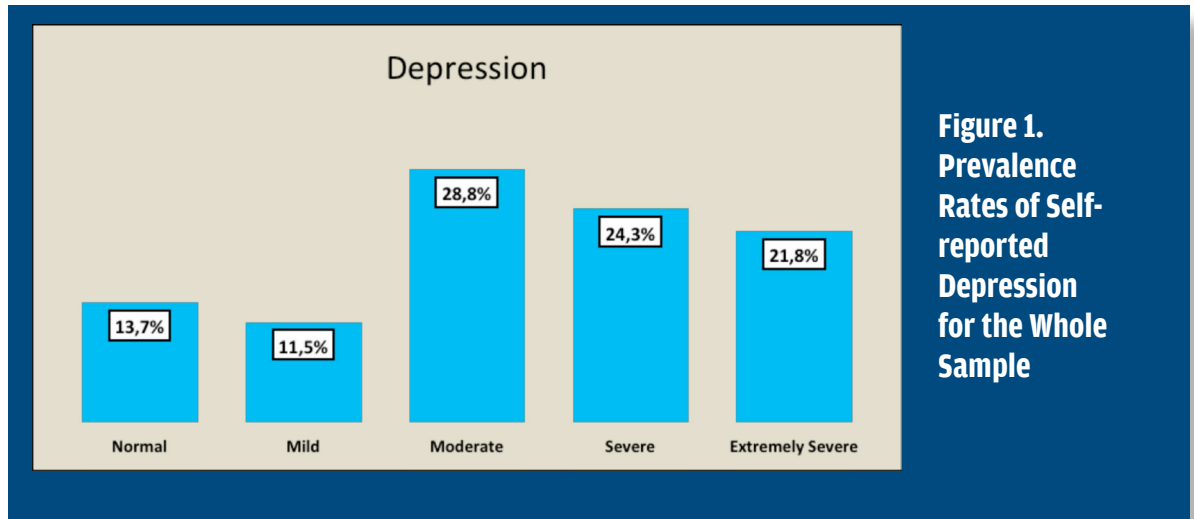


Figure 1 shows that almost one-thirds (28.8 percent) of the participants reported themselves as experiencing “moderate” level of depression, while 24.3 percent and 21.8 percent presented themselves as experiencing “severe” and “extremely severe” level of depression, respectively. In addition to this, 11.5 percent of respondents reported themselves to have some degree of depression symptoms at the “mild” level, while remaining respondents (13.7 percent) described themselves as “normal”.

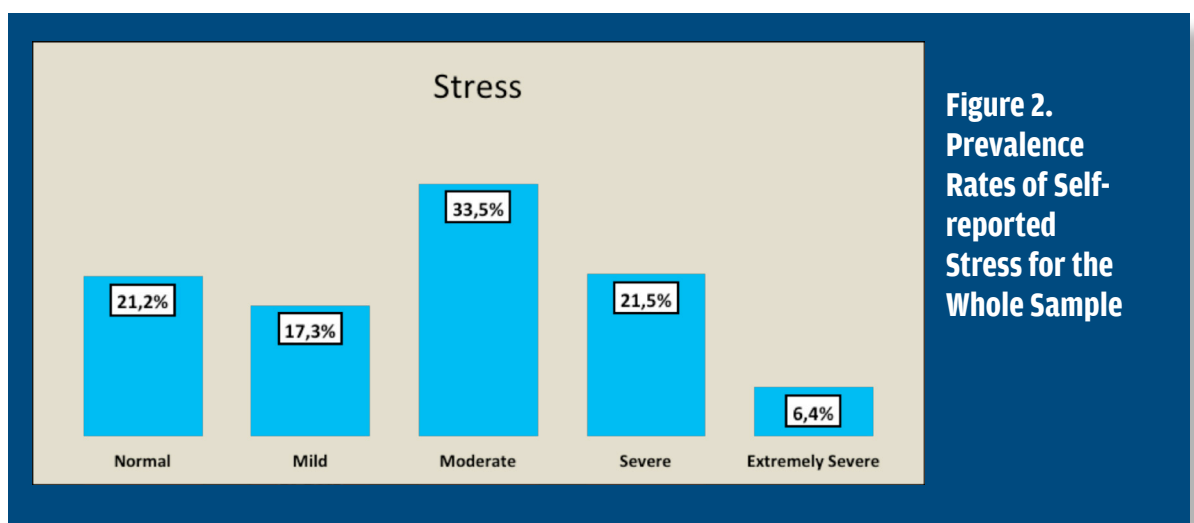


Figure 2 presents the prevalence rates of stress symptoms among the study sample. Similar to depression symptoms, more than one-thirds (33.5 percent) of respondents characterized themselves as experiencing stress at “moderate” level. A prevalence of 21.5 percent stress at the “severe” level was reported among the present sample. 6.4 percent participants

described themselves as suffering from stress at the “extreme level”, while 17.3 percent of those participants were as “mild” degree. However, 21.2 percent of respondent described themselves as being “normal”.

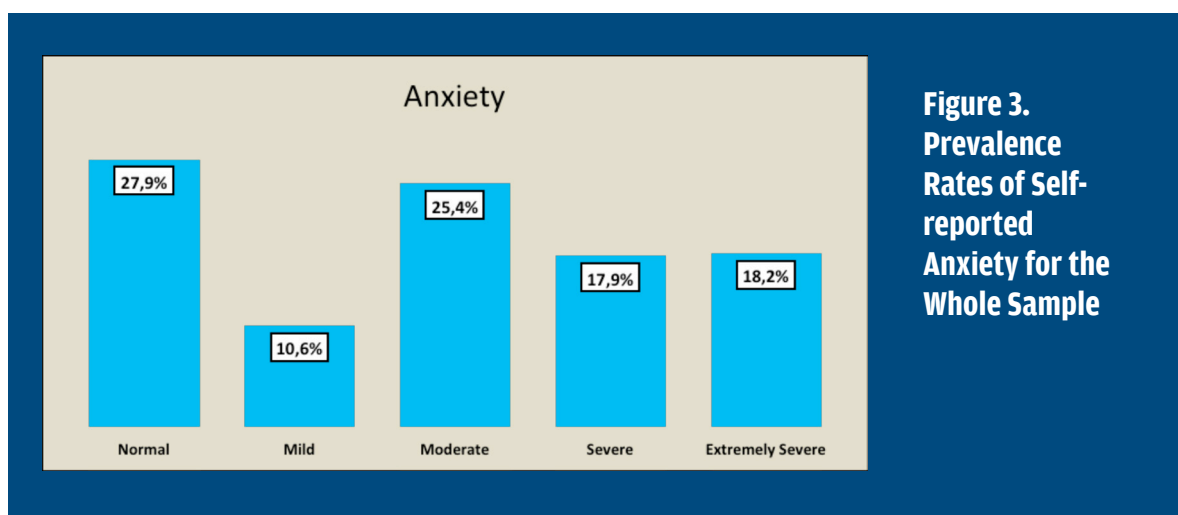


Figure 3 indicates the prevalence rates of anxiety. From the figure, it is clearly seen that more than one quarter reported having “moderate” degree of anxiety symptoms. In addition, 17.9 percent and 18.2 percent of respondents respectively suffer from “severe” and “extremely severe” forms of anxiety symptoms. Similar to depression symptoms, nearly eleven percentage of these respondents indicated to feel “mild” degree of anxiety symptoms. However, unlike to depression and stress symptoms, relatively a large proportion of respondent (nearly twenty-eight percentage) reported that they did not suffer from any degree of anxiety symptoms.

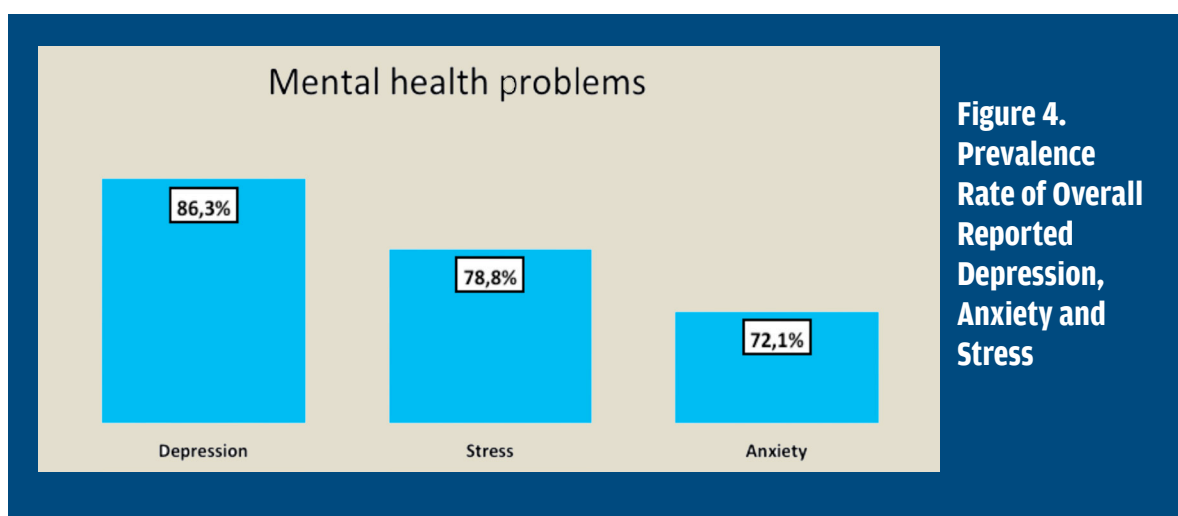


Figure 4 illustrates the average of per experienced mental health problems at various levels. Depression is clearly the most experienced (86.3 percent) mental health problem compare to stress (78.8 percent) and anxiety (72.1 percent). That is, almost five people in six suffer from depression, as being four in five for stress, and five in seven for anxiety.

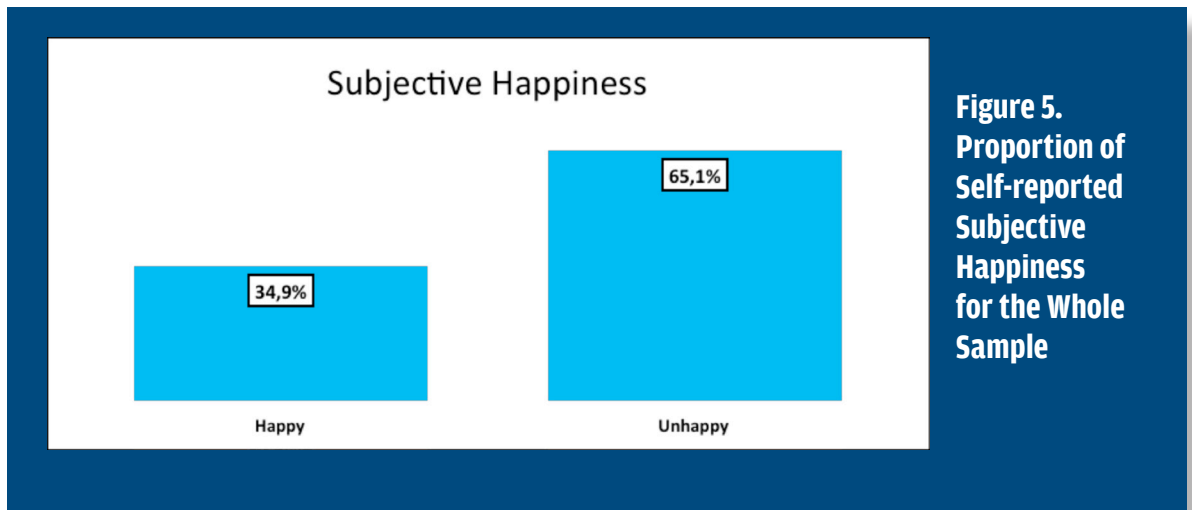


Figure 4 represents the rates of happiness and unhappiness measured by subjective happiness scale among the Turkish sample. Nearly two in three of respondents reported themselves as being unhappy while one in three reported as happy. This result was expected because as indicated above the prevalence of different kinds of mental health problems was high among the sample. Therefore, it is typical for respondents to describe themselves predominantly as unhappy.

Statistical analysis supported these results. With regard to relationship between happiness and mental health problems (depression, anxiety and stress), Pearson correlation (see Table 3) showed that happiness was negatively related with depression ($r = -.57$, $p < 0.01$), anxiety ($r = -.48$, $p < 0.01$) and stress ($r = -.49$, $p < 0.01$). These results suggested that those who report high level depression, anxiety and stress are more likely to be unhappy.

	Happiness	Depression	Anxiety	Stress
Happiness	1			
Depression	-.588**	1		
Anxiety	-.483**	.735**	1	
Stress	-.489**	.768**	.783**	1

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

Table 3. Relationships between happiness and depression, anxiety and stress

CONCLUSION

The purpose of the present study was to explore the prevalence of the most common mental health problems and its relation with happiness among Turkish population. The results broadly showed that people predominantly reported high level of depression, anxiety, and stress. Specifically, people mostly suffer from depression with the rate of 86.3 percent, followed by stress (78.8 percent) and anxiety (72.1 percent). In accordance with these results, nearly two adults in three described themselves as being unhappy. This provides important practical implications when the prevalence of mental health problems is considered for the Turkish population.

This study also provided evidences in relation to severity of different mental health problems at various levels that call for urgent treatments to be available to all people with depression, anxiety and stress symptoms. However, such urgent treatments currently seem to be challenging to attain due to the mass purges by the government that took a toll on healthcare professionals as well. Some 7,500 healthcare professionals including psychiatrists, psychologists, therapists, social workers, doctors, nurses were dismissed from the government by law-decrees on trumped-up charges of terror without any effective administrative or judicial investigations. Of these, more than 1,500 are doctors.

Turkey has already been facing serious shortages in doctors, nurses and healthcare providers. The purges made the situation worse than already is. The dismissed cannot find employment in private health industry either because of the record on their employment that was marked for life by the government.

What is more, dismissed people from public and private sectors cannot access to health services because they have lost their healthcare and social security benefits as a result of arbitrary dismissal by the government via law-decrees. That is to say, if dismissed people suffer from common mental health problems, they are unable to use health care services. Even if they find health care provider and afford to pay the bills, many avoid making trip to hospitals because the registration with the hospital means authorities are alerted and may face immediate detentions. There are dozens of cases where women who are alleged to be affiliated with the Gülen movement were dragged to the detention centers immediately by the police after they delivered babies in hospitals.

Furthermore, unemployment rate in Turkey went up to 10.5 percent in April 2017. This raises the probability of receiving inadequate health services, because unemployed people might have financial difficulties to receive health care when they experience some sorts of mental health problems.

Taken all together, the present results show that overall four adult in five experience a common mental health problem at various levels. Above-mentioned reasons might be the contributing factors leading people to suffer from mental health problems that much. Therefore, as a solution of mental health problems are at hand, Turkish government should prioritize effective ways to reduce rate of mental health problems by eliminating or resolving above-mentioned problems.

Otherwise, it will cost a lot of money to recover such problems in the future. Because experiencing long-lasting stress, anxiety and depression symptoms might lead to serious problems and disorders and therefore may be more serious and riskier than physical problems to some extent. For example, if you injured your hand at the moderate level, you would still be able to undertake some of your day-to-day task and that injury might only prevent you to some tasks with your injured hand. However, if you experience depression at moderate level, this might affect wider domains of your life, including social relationship, marriage satisfaction, and work satisfaction and so on. This inevitably raise the cost of treatment. On top of that, if mental health problems were not early diagnosed and treated, this would be a waste of people's live.

Caveat and Further research consideration

Although the present study only serves to describe symptoms of mental health problems, it is difficult to draw a conclusion about what causes to those mental health problems. Because the present study was a cross-sectional study in nature where the data was collected from a sample at a specific point in time. This methodological issue makes it difficult to draw a firm conclusion regarding the higher levels of stress, anxiety and depression and lower level of happiness among the target population.

Therefore, supporting evidences from more sophisticated studies including longitudinal and experimental design is needed to uncover the potential reasons underlying such highly reported mental health problems. However, one cannot rule out how roller-coaster political, economic and social changes in Turkey in the last couple of years have negative impacts on Turkish population. Future research should attempt to examine this research question.

Recommendations

Mental health problem can affect one's feelings, thoughts and behaviors. Therefore, it is important to prevent the occurrence of the problems before it becomes serious.

Excessive political tension can cause an unsafe environment for Turkish population to live if it is not controlled or lowered. As Turkish sample, in this report, showed the symptoms of common mental health problems at different levels, the report suggests that political, social and psychological tension should be minimized at the lowest level in Turkey so that Turkish people can feel safe in an attempt to prevent themselves from the symptoms of mental health problems. If this could be achieved, then it is likely for them to live a more productive, happier and fulfilling life.

As maintaining close social and family ties are fundamental for a better mental health, it is important that Turkish government give up wrong policies forming to discriminate people based on gender, ethnicity, religion, language, ideology and social group affiliation. If policies were designed on the basis of equality as opposed to discrimination, then individual would be able to increase their life satisfaction by building fulfilling social relationship with people from different background. Unfortunately, under current conditions in Turkey, this seems to be difficult to achieve.

The solution of mental health problems are at hand. In the cases of current Turkey situation, political, social and psychological pressure on Turkish population should be decreased so that individuals look to the future with confidence in an attempt to improve their mental health.

On national and local levels, it is government responsibility to apply effectual and cost-effective treatments in an attempt to support those who are suffering from mental health problems. Turkish government should offer the choice of psychological therapy to most people with mental illnesses including those dismissed with various statutory decrees.



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