RIGHT TO MENTAL HEALTH UNDER INTERNATIONAL HUMAN RIGHTS: CHILD REFUGEES AND ASYLUM-SEEKERS` ACCESS TO MENTAL HEALTH SERVICES IN TURKEY AND GREECE

By

Hale Günay

Submitted to

Central European University

Department of Legal Studies

In partial fulfillment of the requirements for the degree of Master of Laws in Human Rights

Supervisor: Prof. Oswaldo Ruiz-Chiriboga

Budapest, Hungary

2019-2020

Acknowledgments

For the past seven months, CEU has become my new big family. I have met amazing scholars, colleagues, and gained lifetime experiences. First of all, I would like to thank the CEU community that makes my dreams of studying Human Rights at CEU real. I would like to thank my supervisor, Prof. Chiriboga, for guiding me on my research and being so supportive and understanding.

I would like to thank Prof. Parmar for teaching me not to afraid of challenge myself and push my boundaries. I would like to thank Prof. Polgári for being such a lovely companion on our school trip to France and a strong, supportive professor. I would like to thank Prof. Möschel for showing me the capability of a human being to manage a significant number of workloads successfully and still preserve his calm and curious attitude. I would lie to thank all members of the Legal Studies department, Nora, Lilla, and Andrea, for being patient for my late email responses from time to time. I would lie to thank my dear colleagues for making Budapest fun. I am going to miss our Sunday brunches.

I would like to thank my family, my mother, the woman who taught me the importance of being an independent woman on my own, my father who supports me in every decision that I made, my grandmother who misses me a lot, and my brother Furkan Günay who is not my brother in blood but my best friend.

I would like to thank Cengiz Dikme, the love of my life, for his endless love and support despite my stressful attitude while I was studying and the hardship of being in a long-distance relationship. I cannot manage to get so far without you believe in me. I love you so much!

Table of Contents

List of Abbreviations

CESCR : United Nations Committee on Economic, Social and Cultural Rights

DGMM : Directorate General of Migration Management

ECHR : European Convention on Human Rights

ECtHR : European Court of Human Rights

SGK : General Health Insurance

ICCPR : International Covenant on Civil and Political Rights

ICESCR : International Covenant on Social, Economic, and Cultural Rights

LFIP : Law on Foreigners and International Protection

NGOs : Non-governmnetal Organizations

PDMM : Provincial Directorate of Migration Management

UN : United Nations

UNHCR : United Nations High Commissioner for Refugees

WHO : World Health Organization

Introduction

The right to mental health is a crucial and inseparable part of the right to health as a fundamental human right. However, the right to mental health and mental well-being of people are often neglected by the states. Under the International Convention on Economic Social and Cultural Rights, State Parties' responsibility to protect, ensure, and fulfill the right to mental health is not limited to its citizens, and the legal obligation should be applied for refugees and asylum-seekers as a nondiscriminatory manner. Refugees and asylum seeker's right to mental health, and their access to adequate mental health services are crucial. Based on the definition in the 1951 Refugee Convention, a refugee is a person who must leave their country of origin because of the *well-founded fear of being executed based on their race, religion, nationality, membership in a particular social group, and political opinion.* Refugees and asylum-seekers experienced war, torture, rape, and any other forms of harmful and violent events, which results in many refugees and asylum-seekers suffer from severe mental health disorders (Bogic et al., 2015; Ingleby, 2004). Within the refugee population, child refugees are a particularly vulnerable group. Existing literature demonstrates that child refugees and asylum-seekers are subjected to severe mental health issues as well (Fazel & Stein, 2002).

This thesis seeks an answer to the question of how the right to the mental health of minor refugees and asylum-seekers is addressed in legislative, institutional, and civil society levels in Turkey and Greece. In the first part, the right to mental health for child asylum-seekers under international human rights is discussed by examining the relevant international human rights treaties, the United Nations General Comments, and case law. In the second part, the asylum laws, institutional structures, barriers to access to mental health services in practice are examined critically. Finally, in the third part, the role of civil society organizations and Turkey and Greece's cooperation with nonstate actors are examined. As the research methodology for

the final section, the author conducted in-depth interviews with child protection officers who work in national and international NGOs. The author does not come from a psychology background; therefore, the interview questions were semi-structured in order to allow the interviewees to explain their discipline and perception freely.

The outcomes and contribution to the field of the thesis is evaluation right to mental health in human right in a broader sense. State parties' responsibility to ensure the right to mental health is extended to the beyond of existing mental health services, and it argues that the state has a duty to prevent mental health problems that may occur through an existing legal and administrative structure in the county. Therefore, the right to mental health becomes a crucial element to consider in designing asylum institutions, the domestic system, and policymaking.

Chapter 1 - International Human Rights Standards on the Right to Mental Health and Protection of the Child Refugees and Asylum-seekers` Right to Mental Health

1.1. General Overview

Today's understanding of human rights has shaped the Universal Declaration of Human Rights after World War II. Following the Declaration, the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Social, Economic, and Cultural Rights (ICESCR) were adopted in 1966.

The categorization of ICCPR and ICESCR lies down the practical difficulties in the implementation of economic and social since the protection and securing economic and social requires mobilization of the responsible state's financial resources, which makes implementation and monitoring are harder for social and economic rights. Whereas Article 2 of the ICCPR refers to the state party obligations as to *respect and ensure*, Article 2 of the ICESCR emphasizes a *process* of *trying to full realization* of the rights rather than a strict and current obligation.

The current system of international human rights protection has challenged the distinction between civil and political and economic and social rights. Within that context, one argues that civil and political rights also require positive obligations of state since the well-established police force and judicial system are necessary for the protection of such rights. (Nowak, 2003) Similarly, the protection of economic and social rights may be derived from the state's negative obligations. As an example, in the case of Open Door and Dublin Well

Women v Ireland, the European Court of Human Rights (ECtHR) found a violation of freedom of expression related to access to abortion (*Open Door and Dublin Well Woman V. Ireland*, 1992).

Moreover, the United Nations (UN) treaty bodies, as well as regional human rights courts, established a linkage between economic and social rights, particularly the right to health, and civil and political rights. The UN Human Rights Committee argues that the Contracting States are obligated to provide safe, legal, and effective access to abortion to protect the right to life of a pregnant woman and girl without any discrimination (Human Rights Committee, 2018). Therefore, the right to health and states' positive obligation to provide health services become are linked to the right to life. The Committee's way of framing right to life and right to health is repeated in the Communication Nell Toussaint v. Canada in which the Canadian government denied the applicant, a non-citizen immigrant, access to health insurance and health care. The Committee states that:

> *States parties have the obligation to provide access to existing health-care services that are reasonably available and accessible when lack of access to the health care would expose a person to a reasonably foreseeable risk that can result in loss of life* (Human Rights Committee, 2014).

European Court of Human Rights (ECtHR) also moves to interpret European Convention on Human Rights (ECHR) in the way of providing more protection for economic and social rights (Binder & Schobesberger, 2015, p. 54). ECtHR often implies health-related rights with Article 8 (right to private and family life), Article 3 (prohibition of torture and inhumane and degrading treatment), and Article 2 (right to life) (Binder & Schobesberger, p. 58).

1.2. Right to Health: The Scope and the Limitations

The right to health is a fundamental human right that is recognized by international and regional instruments. Article 12 of the ICESCR states that

> *The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*
> (International Covenant on Economic, Social and Cultural Rights, 1966)

To evaluate the highest attainable standard, a State's economic resources and human capacity, as well as one's biological and social-economic conditions, are takin into account. Therefore, right to health should be understood, not the right to be healthy, but the right to the enjoyment of a variety of facilities, goods, services, and conditions necessary for the realization of the highest attainable standard of health (Committee on Economic, Social, and Cultural Rights, 2000). Within that context, state parties have the legal obligations to *respect*, *protect*, and *fulfill* the right to health.

The state's obligation to *respect* the right to health covers, *among other things*, one's, including asylum-seekers and irregular migrants, equal access to preventive, curative and palliative health services without facing discrimination at the grounds of sex, religion, ethnicity, nationality, political opinion, etc. (Committee on Economic, Social, and Cultural Rights, 2000).

In the context of the obligation to *protect* to right to health, the State Parties are entitled to, *inter alia*, adopting legislative and other measures to guarantee the equal access to healthcare and health-related services by the third parties. Moreover, a State must ensure that health professionals have proper education, skills, and ethical code of conduct (Committee on Economic, Social, and Cultural Rights, 2000).

The state's obligation to *fulfill* the right to health requires to take adequate positive measures so that individuals can enjoy their right to health in practice. It includes, *inter alia*, adopting a

national health policy to guarantee equal access for all, providing a certain number of hospitals, health centers, and medical personnel, providing adequate medical training as well as training of health professionals for being aware of cultural differences and specific needs for vulnerable groups. The ICESCR sets forth a *progressive realization* for a State to fulfill its positive obligations by considering a State's available resources and the capacity (Committee on Economic, Social, and Cultural Rights, 2000).

1.3. Right to Mental Health

The right to health does not only cover physical health but mental health as well. The World Health Organization (WHO) defines mental health as a "state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." (World Health Organization, 2014). Mental health does not imply a continual positive emotional state since feeling sadness, anger, and all other negative emotions is a part of being human, instead mental health refers to a healthy state of mind and a functional social life.

Keyes (2014) identify mental health as emotional well-being, psychological well-being, and social well-being. Jahoda (Jahoda, 1958) examines mental health in three parts: self-realization, a sense of mastery over the environment, and a sense of autonomy. Such a concept of mental health is criticized as only reflecting North American cultural values and neglecting other cultural perspectives. (Murphy, 1978). There are some attempts to redefine mental health in a more inclusive way by including different levels of emotional states and emphasizing both universal values as well as cultural differences (Galderisi et al., 2015). However, WHO's definition internationally remains as the standard definition of mental health.

Despite of the fact that mental health constitutes an inseparable part of health as a whole, most of the States around the world, not only low-income and middle-income, but high-income countries as well, fail to adopt comprehensive health policies that properly address mental health and reserve resources within health budget. WHO estimates that a devoted health budget for mental health is less than 7 percent of the total health budget, and low-income countries allocate less than 2 $ per person annually (WHO & The PLOS Medicine Editors, 2013).

Before starting to evaluate the human rights-based approach to mental health, to distinguish some terms is needed to clarify the scope and limits of the research. The first difference is between users of mental health services and persons with disabilities. Whereas the latter refers to those who have long-term mental disabilities, the former represents those who apply for mental health services to address a psychological issue that occurs in any time of their lives. Even if there is no strict distinction between the two and person with disabilities can also be users of mental health services, the research focuses on those who use or demand to use mental health services due to any psychological issue or mental disorder that occur in any time of their lives. Secondly, in the research, mental health services refer to *psychological support and psychotherapy* rather than *coercion, medicalization, and exclusion* that represents the traditional understanding of medical health care. Thirdly, according to WHO, mental health services include prevention, promotion, treatment, and recovery of a mental issue; however, the research exclusively focuses on the treatment of mental problems.

Human rights-based framing of mental health is derived from ICESCR since the definition of the right to health includes both physical and psychological health. A State's responsibility to respect, protect, and fulfill to right to health under ICESCR covers the right to mental health as well. Therefore, obligation to respect, protect and fulfill the right to mental health in national laws, regulations, policies, budgetary measures, programs, and other initiatives

remain the same for the States parties (UN Human Rights Council, 2017) Apart from a State's responsibility that is already mentioned, due to the right to mental health's own characteristic and needs, it introduces additional obligations for a State. Firstly, the participation of users in mental health services' development decision-making processes individually or/and through initiatives or networks is vital to frame users of mental health services as right-holders instead of passive individuals who just receive psychological treatment. Moreover, community support is not only necessary in terms of participation in decision-making but also as a progressive way of providing and support psychological treatment itself. Creating social support groups is a part of recovery-based mental services as an alternative to medicalized treatment. The Contracting States are obligated to respect broad participation in the decision-making process and ensure social support groups for a comprehensive recovery-based mental health policy. Secondly, the non-discrimination principle is also applying for people with mental disabilities and mental illness.

Under the right to mental health, States are entitled to ensure availability, accessibility, acceptability, and quality of mental health services (UN Human Rights Council, 2017). Availability guarantee that mental health services are available for everyone and that it is a part of the general health care system. Regarding accessibility, mental health services should be geographically and financially accessible for everyone without any discrimination (UN Human Rights Council, 2017). When evaluating the accessibility of mental health services, a State's resources and human capacity should be considered. Acceptability refers that "mental health services must be respectful of medical ethics and human rights, as well as culturally appropriate, sensitive to gender and life-cycle requirements and designed to respect confidentiality and empower individuals to control their health and well-being" (Committee on Economic, Social, and Cultural Rights, 2000). Finally, mental health services should have good quality.

The right to mental health emphasizes the protection of children, women, and girls, particularly. Special protection and mental health services for children are not only because of their categorization as a vulnerable group but also the importance of experiences in childhood for lifetime mental well-being.

1.4. International Standards on the Protection of the Child Refugee and Asylum-seekers` Right to Mental Health

A child is *any person under the age of 18 years* (Convention on the Rights of the Child, 1989)

The 1951 Convention Relating to Status of Refugees (hereinafter refers as the 1951 Refugee Convention) defines a refugee as

> *someone owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it* (Convention Relating to the Status of Refugees, 1951).

An asylum-seeker is

> *an individual who is seeking international protection. In countries with individualized procedures, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum seeker will ultimately be recognized as a refugee, but every recognized refugee is initially an asylum seeker* (Convention Relating to the Status of Refugees, 1951)

Unaccompanied minors mean

> *third-country nationals or stateless persons below the age of 18, who arrive on the territory of a country other than theirs (in case of EU member states, the definition applies to any child coming from any non-EU country) unaccompanied by an adult responsible for them whether by law or custom and for as long as they are not effectively taken into the care of such a person; it includes minors who are left unaccompanied after they have entered the territory of the Member States* (Council of the European Union, 2004)

The legal framework of the protection of the child refugee and asylum-seekers` right to mental health relies on various international treaties and guidelines. Firstly, State Parties' obligations to respect, protect, and fulfill the right to mental health under ICESCR apply child refugees and asylum-seekers without being discriminated based on the nationality or legal status. Therefore, the prohibition of discrimination is crucial to protect undocumented child asylum-seekers. General comment No. 20 states that "the ground of nationality should not bar access to Covenant rights, … all children within a State, including those with undocumented status, have a right to receive education and access to adequate food and affordable health care" (UN Committee on Economic, Social and Cultural Rights (CESCR), 2009, para 30). Any different treatment on the grounds of nationality and legal status that are not following the law, pursue a legitimate aim and remain proportionate to the aim pursued constitutes a violation of the non-discrimination clause of ICESCR (UN Committee on Economic, Social and Cultural Rights (CESCR), 2009). Moreover, even if the Convention embraces progressive realization of social, economic, and cultural rights, the State Parties must ensure an essential minimum level of health care for all refugees, including children, in their jurisdiction. Due to the particular vulnerability of undocumented refugees, a State is entitled to guarantee refugees who apply to obtain legal status as the same level of health care as ones hold legal status. (UN

Committee on Economic, Social and Cultural Rights (CESCR), 2009). Apart from the legal regulations and policies, child refugee and asylum-seekers` right to mental health also requires a State's positive action to ensure the rights are accessible in practice in terms of proper information for available mental health services in the native language of refugees.

Even if ICESCR and UN guidelines provide a legal basis for state responsibility to protect and ensure the right to mental health, minor asylum-seekers' right to mental health falls into a broader concept because of its interconnection with refugee rights and children rights. The right to mental health under the human rights approach should include participation, autonomy, dignity, inclusion, monitoring, and accountability (Hunt & Mesquita, 2006). This applies to the right to the mental health of minor asylum-seekers as well. Additionally, the right to mental health in minor refugees' context does cover mental health services for not only existing mental health issues but also the responsibility to prevent future mental health problems as well. The country of asylum has a particular responsibility to cause any type of mental harm of children through legal and administrative processes that some scholars refer to as legal violence (Kivilcim, 2016). Such an approach to the right to mental health enables us to evaluate the right to mental health in a broader concept under international human rights by shifting its focus from right to mental health to right to right to well-being.

Chapter 2 - Legal and Policy Context in Turkey and Greece in Relation to Child Refugees and Asylum-seekers` Right to Mental Health

2.1. Legal and Policy Context in Turkey

Turkey is often referred to as a bridge between the East and the West due to its geographic location, and it has historically been a country of origin, transit, and destination for migrants. Due to the conflicts in neighboring states, Syria, Iraq, and Iran, Turkey hosts the world's highest refugee population, with currently 3.9 million refugees and asylum-seeker (UNHCR Turkey, 2020). Following the 3.7 million Syrian refugees, 170.000 of the current refugee and asylum-seekers are from Afghanistan, 142.000 is from Iraq, 39.000 are from Iran, 5.700 are from Somalia, and 11.700 are from the other countries (UNHCR Turkey, 2020). Child refugees and asylum-seekers constitute such a significant population that 1.652.377 of Syrian refugees (% 46,26) and among refugees and asylum seekers from other nationalities, 117.833 of them (32%) are children (Mülteciler Association, 2020b; UNHCR Turkey, 2020).

Turkey's national legislative history with migration and refugee protection is relatively new. In the international level, Turkey is a State Party of International Covenant on Economic, Social, and Cultural Rights, The 1951 Refugee Convention and Convention on the Rights of the Child (Convention Relating to the Status of Refugees, 1951; International Covenant on Economic, Social and Cultural Rights, 1966; Convention on the Rights of the Child, 1989). However, Turkey puts reservations on some provisions, which allows the state not to follow either entirely or partly based on the stated reservation. The most central reservation of Turkey, in that sense, is the geographical limitation of the Geneva Convention.

Turkey has a geographical restriction on the Geneva Convention (1951); therefore, only those who come from European countries are recognized as a refugee under the Turkish legal system. The rest are subject to a different status that also provides a certain level of protection under the national jurisprudence.

The most relevant and novel law in relation to refugee rights is Law No. 6458 Law on Foreigners and International Protection (LFIP) came into force on 11 April 2013 (Law on Foreigners and International Protection, 2013). LFIP provides three types of international protection: "refugees," "conditional refugees", and "subsidiary protection". In addition to international protection, a "temporary protection" regime is introduced to address mass influx from the Syrian border (Law on Foreigners and International Protection, 2013).

The type of status is an important element in the determination of the scope of the right to health in the domestic system. Whereas Syrian refugees under temporary protection regime have General Health Insurance (SGK), universal medical insurance of international protection status-holders has been limited to one year with the recent change of the Article 83 (*Bazı Kanunlarda ve 375 Sayılı Kanun Hükmünde Kararnamede Değişiklik Yapılmasına Dair Kanun*, 2019). After the provisional changes, the international protection holder's existing health insurance was canceled (Interviewee I, personal communication, 15 May 2020). The Article follows that people with special needs and those whose health insurance is decided to be continued by the Ministry of Inferior are not subject to the one-year limitation rule. (Law on Foreigners and International Protection, 2013). People with special needs are determined by the Law. According to the Article 3, people with special needs are an unaccompanied minor, pregnant women, elderly and handicapped people, single mother or father with a child, and people who experienced torture, sexual violence, or any other forms of serious psychological, physical, and sexual violence (Law on Foreigners and International Protection, 2013).

Article 56 of the Turkish Constitution states that:

> *"… To ensure that everyone leads their lives in conditions of* ***physical and mental health*** *and to secure cooperation in terms of human and material resources through economy and increased productivity, the state shall regulate central planning and functioning of the health services. The state shall fulfill this task by utilizing and supervising the health and social assistance institutions, in both public and private sectors. In order to establish widespread health services, general health insurance may be introduced by law."* (Constitution of the Republic of Turkey, 1982).

There are several ways for minor refugees and asylum-seekers to access mental health services in Turkey, including Child Houses, Social Services Centres, Migrant/Refugee Health Centres, public hospitals, and NGOs.

In practice, Social Service Centres are the main institution that leads refugee minors to psychological support services. The case that children themselves go to the public hospitals or health centres for psychological support is rare (Interviewee I, personal communication, 15 May, 2020; Interviewee II, personal communication, 19 May, 2020). Social Service Centres are established under the Ministry of Family, Labor, and Social Services. The duties of the Centres are, *inter alia*, in order to ensure the healthy development of children and young people; (i) to carry out social work activities for children and youth, to provide cooperation and coordination between the relevant public institutions and organizations and voluntary organizations in this field, (ii) to empower the family with education, counseling and social-economic support, primarily to raise and support the child in the family, and (iii) to ensure that individuals and families in need of protection, care and assistance are identified, supported and directed towards necessary services (Sosyal Hizmet Merkezleri Yönetmeliği (author's translation, Social Service Centres Regulation), 2013).

Social Service Centres employ psychologists that are responsible for conducting psychological evaluation, psychosocial support, and individual as well as group therapy ((Sosyal Hizmet Merkezleri Yönetmeliği (author's translation, Social Service Centres Regulation), 2013).

Procedural requirements and overall quality of health services in Turkey creates certain barriers for minor refugees to access to mental health services. Within that context, I will examine the registration requirement, language barriers, cultural barriers, and quality of the mental health services as obstacles to refugee children's access to mental health services in Turkey.

Firstly, refugees in Turkey must register under Turkish authorities and obtain a registration ID (*kimlik*) in order to benefit from social services, including free access to mental health services. Directorate General of Migration Management (DGMM), the national asylum institution working under the authority of the Ministry of Interior, carries out the registration of individuals under temporary protection (Law on Foreigners and International Protection, 2013). Syrians seeking protection apply the Provincial Directorate of Migration Management (PDMM) in the province where they are residing. Since 2016, to apply for temporary protection, Syrians are needed to pre-registered by Turkish authorities and it provides a preliminary pre-registration document indicating you need to approach the Provincial Directorate of Migration Management in 30 days to receive the Temporary Protection Identity Document (TPID) (UNHCR Turkey, n.d.). If one cannot pass the security check during the 30 days, DGMM issued an individual decision indicating refusal of the Temporary Protection Application, which can be challenged to the Court (Law on Foreigners and International Protection, 2013). Bar Associations in every province, UNHCR, and NGOs provide legal assistance and legal aid for such cases, but the resources and the capacity of aids are limited.

Those who pass the security check will be issued with the Temporary Protection Identification Card and will have access to the entire set of rights and services regulated in the Temporary Protection Regulation. Some cities in Turkey, mainly capital cities such as Istanbul and Ankara, do not accept Syrian refugees for registration anymore, and those applying for the registration are requested to apply for other cities. Because there are more job opportunities in bigger cities such as Istanbul, some refugees prefer to live in those cities without any registration. Currently, there is not a definite number of unregistered refugees; however, Yuva Association states that approximately 13 % of Syrian refugees are unregistered (Ö. Çolak et al., 2018).

Non-Syrian asylum-seekers are under the "international protection regime". In September 2018, international protection applications for non-Syrians were transferred from UNHCR to DGMM. Those who apply for international protection should consult the Provincial Directorate of Migration Management (PDMM) in the province where they are residing and provide the required information about reasons for leaving the country of origin or former habitual residence; experience following departure; and events that led to the application. As per the law, the assessment of the application will be finalized no later than six months after the date of your registration by the Directorate General of Migration Management (DGMM). Decisions will be made on an individual basis; applications on behalf of a family will be evaluated as a single application, and the decision will be valid for the whole family (UNHCR Turkey, n.d.).

However, in practice, non-Syrian asylum-seekers face many obstacles in registration and access to mental health services. Studies show that there are inconsistencies among various PDMMs. In some cases, officials state that non-Syrian asylum-seekers, mostly single Afghan men, cannot apply for international protection anymore. In some cases, even if the PDMM

accepts an application for international protection, appointments for an interview are given for months later (I. Leghtas & J. Thea, 2018).

Even if registration is a requirement to benefit from social health services, in case of an unregistered child who needs health services, the Juvenile Court decides to be applied for health precautions for the child. As an example, Çanakkale Juvenile Court ruled in a case of that an unregistered Afghan child who need health services that based on the Child Convention, Child Protection Law, and the principle of the best interest of the child, necessary health measures should be applied regardless of one's nationality or legal status in Turkey (*X*, 2020).

Secondly, language differences between refugees and health professionals create a barrier for refugees to access to mental health services. Language is regarded as one of the biggest problems for refugee minor's access to mental health services (G. Cloeters & S. Osseiran, 2019; Interviewee II, personal communication, 19 May, 2020). Even if in the Refugee /Migrant Health Centers, Arabic speaker health professionals are employed, the number of centers is not equally distributed around the county, and most of the refugee and migrant population should go alternatives such as public hospitals or Public Health Centers. Therefore, the language barriers between health professionals and the patient remain as the fundamental problem. The public hospitals do not have enough professional interpreters to create healthy communication. In that context, the help of relatives or a local person who can speak the language is applied (B. Toksabay, 2010). However, it creates a violation of patient-doctor secrecy, and since they are not professional interpreters, miscommunication occurs, which may cause severe health problems in some cases (B. Toksabay, 2010). Especially, given the importance of privacy in mental health services, unprofessional interpretation may cause more harm than good.

Thirdly, non-emergency health problems and psychological support are mostly regarded as a luxury and neglected by both refugees and social service providers. According to the research, refugees and asylum-seekers tend to avoid going to hospitals except for severe and emergency health issues (B. Toksabay, 2010).

Finally, the lack of quality of mental health services in Turkey creates a barrier. The lack of quality occurs in two ways: the overall quality and capacity of public hospitals and the quality of mental health services. Regarding the former, there is a general and structural problem in the quality of services at public hospitals in Turkey. Public hospitals are so overcrowded and once have to wait for a doctor's appointment for so long (a month or more depending on the service). Once they reach the doctor, the medical examination is not detailed, and each patient has only 5 min to see the doctor. Because of the workload, the time allocated for the examination of one patient is usually shallow compared to the standards determined by the World Medical Association. Moreover, the quality of mental health services is poor in addressing the needs of refugees. There are limited options for psychological problems that require more specific treatment and specialization. Medical personnel is not trained to work with those who have migration and gender-based traumatization (B. Toksabay, 2010).

2.2. Legal and Policy Context in Greece

Since the Syrian civil war, Greece has gradually encountered an increased number of asylum-seekers who aim to reach Europe through Turkey – Greece border. According to the UNHCR there are approximately 118,000 refugees and migrants in Greece as of 29 February 2020. Refugees in Greece have such poor living conditions that there is lack of fundamental hygiene and sanitation (UNHCR Greece, 2020).

Greece is a party to the 1951 Geneva Convention and the 1967 Optional Protocol (Convention Relating to the Status of Refugees, 1951). Apart from the international conventions, Greece

asylum law is bound with the Dublin Regulations and European Union Standards. In 2011, both the European Court of Human Rights and the European Court of Justice concluded in two separate decisions that there is a systematic problem in the asylum system (*C-411/10 & C-493/10*, 2011; *M.S.S. v. Belgium and Greece*, 2011). Since then, Greece has such an improvement in its asylum system that it has opened new reception centers, improved reception conditions, and developed an adequate treatment for unaccompanied minors (The Library of Congress, 2016). Committee of Ministers closely monitor Greece's compliance with the ECtHR decisions; however, as it is stated in the UNHCR report, the asylum system of Greece remains concerning in terms of international human rights standards.

There are two international protection status in Greek law: refugee status and subsidiary protection. According to the Presidential Decree 141/2013, those who meet other criteria of the Geneva Convention can obtain refugee status. Those who are not eligible to obtain a refugee status but face a real risk of suffering serious harm if returned to his/her country of origin can be graded for a subsidiary protection status (Presidential Decree No. 141/2013, 2013).

Those who are recognized as a refugee or subsidiary protection status-holders have the right to health care on the same basis and conditions as nationals. Those who have special needs, such as pregnant women, the elderly, unaccompanied children, people who have been subject to torture or other inhuman or degrading treatment, or persons with disabilities, as well as trafficking victims and those who come from conflict areas, are entitled to sufficient medical care, including psychological care and support, under the same conditions as nationals (Presidential Decree No. 141/2013, 2013).

Even if the law guarantees free healthcare for people under international protection with low economic status, their access to health services, mental health services, is limited in practice.

At some point, the limitation derives from the insufficient capacity of the healthcare system in the country. Greece has taken several economic measures to overcome the financial crisis, which results in a cut of healthcare budgets; therefore, the current capacity of health system in Greece is not sufficient to meet the needs of both refugees and the local population (Dunja Mijatovic, 2018, para 40.). There is a limited number of staff and hospitals compared to the population. For example, in Samos Island, there was only one doctor for a dense population in 2019 (UNHCR Greece, 2020).

Mental health services are not an exception to the poor healthcare conditions. There are limited public mental health institutions in Greece and fewer health personnel (UNHCR Greece, 2020).

2.3. Comparative Analysis of Legal and Policy Context of Turkey and Greece in Terms of Minor Refugee and Asylum-seekers' Right to Mental Health

Under the ICESCR, state parties are entitled obligations to respect, protect, and fulfill the right to mental health. Regarding responsibility to respect, everyone, including asylum-seekers, must have equal access to preventive, curative, and palliative health services without facing discrimination on the grounds of sex, religion, ethnicity, nationality, political opinion. The domestic system in Turkey and Greece guarantees equal access to health services, including mental health services for refugee minors.

In terms of the obligation to protect, the State Parties are entitled to, *inter alia*, adopting legislative and other measures to guarantee equal access to healthcare and health-related services by the third parties. The regulations both in Turkey and Greece provide free healthcare services for refugee minors with their registration by the state authorities. The

registration requirement constitutes a violation of the obligation to respect since unregistered refugee minors either do not have access to healthcare services as in Greece or have access only after the Court decision as in Turkey. In both cases, registration creates an unnecessary burden on access to mental health services. Especially because registration is not just a simple administrative procedure, but it is a political and policy choice. Some groups such as Afghans males in Turkey, face additional barriers in registration.

The state's obligation to *fulfill* the right to health requires to take adequate positive measures so that individuals can enjoy their right to health in practice. Both in Turkey and Greece, the current number of personnel and hospitals are not sufficient to meet refugee minors' mental health needs. However, ICESCR embraces the progressive realization of the rights based on the State Parties' available resources. Greece's past financial crisis has affected the number of qualities of health services in general; therefore, even if mental health services for refugee minors is low level, this situation by itself does not create a violation. When a State Party has limited resources, it must efficiently use the available resources, which also requires collaboration with the international community and civil society. The second part is examined in the following section.

Moreover, the legal and policy context in Turkey and Greece is not preventative from further mental health problems. Children face many obstacles in registration and other legal and procedural requirements. There is no national legislation that prevents Turkey from detaining asylum-seeker families despite the ECHR decision (*G.B. and Others v Turkey*, 2015). Also, in Greece, asylum-seeker children are detained in the reception centre (Greek Council for Refugees, 2018). Just detention itself results in severe mental health issues and long- term psychological damage on children's well-being (Keller et al., 2003).

Chapter 3 - The Role of Civil Society Organizations in Turkey and Greece in Relation to Child Refugees and Asylum-seekers` Right to Mental Health

3.1. The Role of Civil Society Organizations in Turkey in Relation to Child Refugees and Asylum-seekers` Access to Mental Health Care

According to the Article 81/c of the Law on Foreigners and International Protection, refugees and asylum-seekers can benefit from the services of NGOs (Law on Foreigners and International Protection, 2013). Moreover, according to Article 4 of Law No 2828, Law on Social Services, activities in relation to social services, are managed with voluntary participation of civil society and the public under the supervision of the state (Law No 2828, Law on Social Services, 1983). Civil society actors provide social services, psychological support, legal consultancy, and other relevant services based on their statutory power. Civil society actors engage with governmental institutions in three ways: protection, capacity building, and coordination (Interviewee I, personal communication, 15 May, 2020; Interviewee II, personal communication, 19 May, 2020).

Regarding protection, NGOs directly involves in activities that provide psychosocial support, and individual as well as group therapy. When an NGO encounters a child refugee who needs protection, they either lead the child to Social Service Centres in the closest province, or they

provide the required protection mechanisms (Interviewee I, personal communication, 15 May, 2020; Interviewee II, personal communication, 19 May, 2020).

NGOs generally organize through community centres. The centres include several services, including legal support, vocational training, language courses, and psychological support. Whereas some NGOs such as *Mülteciler* Association provides a comprehensive psychological support and employs social worker, psychologist, psychiatrist, and clinical psychologist; others support refugee minor's through psychosocial support and community engagement activities (Mülteciler Association, 2020). Some local NGOs located in a particular city in Turkey, mostly cities where the refugee population is dense, provide psychological support for child refugees thorough art therapy, drama courses, and music.

Heavy workload necessitates an organic connection between governmental institutions and NGOs in some cases. For example, the Ministry of Family, Labor, and Social Services accredits social workers in *Mülteciler* Association so they can make social inquiry as social workers of the Ministry ((Interviewee I, personal communication, 15 May, 2020).

In terms of capacity building, the UNHCR works on the standardization of proliferation of child protection procedures with the collaboration of the government and NGOs. The documents enable caseworkers to prioritize child protection cases. It also includes how to conduct interviews and how to evaluate the best interest of the child during the assessment Such standardization also enables caseworkers to manage a great amount of workload in an effective way. UNHCR involves capacity building activities by providing training and personnel (Interviewee I, personal communication, 15 May, 2020).

Finally, NGOs and governmental institutions are engaging in collaboration activities. The government institutions are responsible for coordination and supervision of NGOs activities in relation to social services based on the domestic law (Law No 2828, Law on Social

Services, 1983). Apart from the legal requirements, such collaboration becomes inevitable when the capacity of national institutions is far from meeting the needs of refugee children. The practical idea behind the collaboration is avoiding repetitive work and using limited resources effectively. Therefore, the representatives of the Ministry of Family, Labor, and Social Services, international organizations, and NGOs conduct regular meetings to discuss their collaboration ((Interviewee I, personal communication, 15 May, 2020).

3.2. The Role of Civil Society Organizations in Greece in Relation to Child Refugees and Asylum-seekers` Access to Mental Health Care

Greece experienced a vast number of asylum seekers that reached the Greek border through Lisbos Island in 2015 (Natural Hazards Center, 2015). When Greece encounter such a great number of fundamental needs, including shelter, water, sanitation, etc., the government, international organizations, and NGOs were not ready to develop an adequate response (Skleparis & Armakolas, 2016). At the beginning of the so-called crisis, mainly volunteers were providing basic needs for the arrived asylum-seekers on the island. In the third phase of the situation, NGOs in Greece started to develop humanitarian aid activities for the asylum-seekers.

Volunteers and unregistered NGOs' humanitarian aid activities were not welcomed by the locals on the island, which created tension between the two groups. Moreover, the tension was extended to registered NGOs and volunteers. The lack of government leadership and supervision led to a lack of coordination, accountability, and effectiveness of the NGOs-led response (Skleparis & Armakolas, 2016). After state authorities call upon unregistered NGOs and volunteers as disruptive, independent, and unregistered activities of volunteers and NGOs

were banned by a joint Ministerial Decision (Statewatch, 2016). Following the Ministerial Decision, the Law No. 4368/16 introduced to limit the role of volunteers, and unregistered NGOs in refugee camps and only well-established NGOs and international organizations are allowed to enter into the camps (Skleparis & Armakolas, 2016) (Interviewee III, personal communication, 1 June, 2020).

Like in Turkey, NGOs in Greece, such as the Association for the Social Support of the Youth, Hestia Hellas, and Doctors without Borders, also engages with various protection activities including basic needs, legal aid, healthcare, social support, and psychosocial support. Mental health support that NGOs provide depends on the minor's individual assessment (Interviewee III, personal communication, 1 June, 2020; Interviewee IV, personal communication, 2 June, 2020). Based on the assessment, various interventions including child-psychiatric treatment, psychological support, counseling and psychotherapy to children and parents by specialized professionals, connection to services, mediation, collaboration with schools and other important child institutions, psychosocial rehabilitation, and special treatments (speech therapy, occupational therapy and special education) are provided (Interviewee III, personal communication, 1 June, 2020; Interviewee IV, personal communication, 2 June, 2020).

3.3. Comparative Analysis of the Role of Civil Society Organizations in Turkey and Greece in Relation to Child Refugees and Asylum-seekers` Access to Mental Health Services

Civil society organizations in both Turkey and Greece play a vital role in meeting the basic needs of asylum-seekers and ensure their access to fundamental rights when governmental

institutions do not have sufficient capacity for all. Turkey and Greece have encountered mass influx after the civil was in Syria. Both the country has a lack of a similar experience in the past as well as strong institutional and legal capacity, which makes the role of the NGOs even more crucial.

NGOs in Turkey and Greece provide psychosocial services and psychological therapy for refugee and asylum-seeker minors. Psychosocial services are generally a part of broader protection mechanisms and services, including language courses, legal aid, and healthcare services, etc., which eases refugee minors to access services considering children generally travel with their parents. When a parent visits an NGO with her/his child, the child would have a chance to communicate with NGO as well.

The Turkish state has developed a strong collaboration with international organizations and NGOs by taking the role of supervision but allowing a certain level of free space for the NGOs to develop their projects and services based on the NGOs' priority. However, when it comes to Greece, the state failed to create an adequate response and supervision in 2015, which resulted in a weak collaboration and organization among volunteers, NGOs, and international organizations. In Greece, the state's involvement occurs as a responsive reaction to the critiques of lack of state's supervision. By regulation NGOs and volunteers that help asylum-seekers, Greece ensures transparency and accountability of NGOs, but on the other hand, it creates an administrative burden for the NGOs and weakens civil society. Especially the recent regulation for NGOs that work in refugee rights leads to arbitrary applications in practice. Since the authority which is responsible for accepting or rejecting an NGO's registration application is not an independent body, it is likely that the government denies a registration application of an NGOs whose mission is not compatible with the government's migration/asylum policy.

Civil society in Turkey is not also free from political pressure. However, the suppression of civil society organizations does not occur through regulation but instead a direct targeting by the government. Especially international NGOs in Turkey are often referred to as "foreign spies in the country" by newspapers that are close to the government (Yeni Şafak Newspaper, 2015). Such pressure is so strong in some cases that the Open Society Foundation had to end its operations in Turkey after the arrest of Turkish philanthropist Osman Kavala.

As a result, firm political control over civil society organizations in Turkey results in apolitization of NGOs. Civil society organizations that help asylum-seekers in Turkey. When Turkey declared that it no longer holds refugees from reaching the Greek border in February 2020, a few NGOs that work in refugee rights released a statement on the issue, whereas most of the NGOs remained silent. Compared to Turkey, NGOs in Greece are more opinionated about the government asylum policies and response.

Conclusion

Under the International Covenant on Economic, Social and Cultural Rights, State Parties have an obligation to respect, ensure, and fulfill the right to physical and mental health. The progressive realization of the right to mental health is embraced; therefore, states' responsibility under international human rights is evaluated based on a given country's available resources. Refugees and asylum-seekers are entitled to the right to mental health without facing discrimination on any ground except if the discrimination has a legitimate aim and limited to the objective in a democratic society. Given the refugee minor's right to mental health, the best interest of the child principle should be considered. States should not adopt only protection for those children who have mental disorders, but preventive measures that ensure the mental well-being of children, which requires that legislative and institutional structure of asylum should be structured to avoid any possible mental harm for child asylum-seekers.

Turkey hosts the most significant refugee population in the world. It is also used often as a county of transit for asylum-seekers to reach Europe through Greece – Turkey border. The Registration requirement in Turkey and Greece are one of the leading barriers for minor asylum-seekers' access to mental health services. For non-Syrian asylum-seekers, registration is harder in Turkey because there are inconsistencies in the application of domestic law in practice. Also, economic factors force asylum-seekers to live in major cities despite that the province does not accept asylum-seekers for registration. In Greece, financial crises that the country experienced in the last decade affects the quality and quantity of mental health services for refugee minors. Moreover, Greece's practice of detention of children results in mental disorders and long-term psychological problems on children.

Civil society organizations play a critical role in the right to the mental health of minor asylum-seeker. International organizations and NGOs engage with state institutions in protection, collaboration, and capacity-building. However, civil society organizations face suppression as well. In Turkey, international NGOs are targeted as foreign spies by newspapers that are close to the government. Greece has introduced legislation that requires registration and strict rules for NGOs that work for refugee rights.

The world is experiencing extraordinary times. Covid-19 pandemic results in a number of deaths, unemployment, and physical as well as mental suffering. Refugee children's well being is in more danger than ever. Conducted interviews demonstrate that grave economic suffering that refugee families face during the pandemic is expected to cause an increase in the abuse of children. The physical and mental health of refugee children should be paid attention to in academia and civil society.

Reference List

B. Toksabay. (2010). *The Health Right of Refugees in Turkey*. Middle East Technical University.

Bazı Kanunlarda ve 375 Sayılı Kanun Hükmünde Kararnamede Değişiklik Yapılmasına Dair Kanun, 7196 Bazı Kanunlarda ve 375 Sayılı Kanun Hükmünde Kararnamede Değişiklik Yapılmasına Dair Kanun (2019).

Binder, C., & Schobesberger, T. (2015). The European Court of Human Rights and Social Rights—Emerging Trends in Jurisprudence. *Hungarian Yearbook of International Law and European Law, 2015*, 51–70.

Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: A systematic literature review. *BMC International Health and Human Rights*, *15*(1), 29. https://doi.org/10.1186/s12914-015-0064-9

C-411/10 & C-493/10, (Court of Justice EU 21 December, 2011).

Committee on Economic, Social, and Cultural Rights. (2000). *General Comment No. 14 (2000) The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*.

Constitution of the Republic of Turkey, (1982). https://www.refworld.org/docid/3ae6b5be0.html

Council of the European Union. (2004). *Council Directive 2004/83/EC of 29 April 2004 on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted* (Vol. 304). http://data.europa.eu/eli/dir/2004/83/oj/eng

Dunja Mijatovic. (2018). *CommDH(2018)24* [Council of Europe Report]. Council of Europe.

Fazel, M., & Stein, A. (2002). The mental health of refugee children. *Archives of Disease in Childhood*, *87*(5), 366–370. https://doi.org/10.1136/adc.87.5.366

G. Cloeters, & S. Osseiran. (2019). *Healthcare Access for Syrian Refugees in Istanbul: A Gender-Sensitive Perspective*. Istanbul Policy Center.

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry*, *14*(2), 231–233. https://doi.org/10.1002/wps.20231

G.B. and Others v Turkey, Application no. 4633/15 (ECtHR May 27, 2015).

Greek Council for Refugees. (2018). *Country Report: Greece*. European Council on Refugees and Exiles. file:///C:/Users/-irem%20araz/Downloads/aida_gr_2018update%20(1).pdf

Human Rights Committee. (2014). *CCPR/C/123/D/2348/2014*.

Human Rights Committee. (2018). *General Comment No. 36 (2018) on Article 6 of the International Covenant on Civil and Political Rights, on the Right to Life.*

Hunt, P., & Mesquita, J. (2006). Mental Disabilities and the Human Right to the Highest Attainable Standard of Health. *Human Rights Quarterly 28 Hum. Rts. Q.*, *28*(2), 332–356.

I. Leghtas, & J. Thea. (2018). *You Cannot Exist in this Place: Lack of Registration Denies Afghan Refugees Protection in Turkey*. Refugees International.

Ingleby, D. (2004). *Forced Migration and Mental Health: Rethinking the Care of Refugees and Displaced Persons*. Springer Science & Business Media.

Interviewee I. (2020, 15 May). *Interview I* [Online].

Interviewee II. (2020, 19 May). *Interview II* [Personal communication].

Interviewee III. (2020, 1 June). *Interview III* [Personal communication].

Interviewee IV. (2020, 2 June). *Interview IV* [Personal communication].

Jahoda, M. (1958). *Current concepts of positive mental health* (pp. xxi, 136). Basic Books. https://doi.org/10.1037/11258-000

Keller, A. S., Rosenfeld, B., Trinh-Shevrin, C., Meserve, C., Sachs, E., Leviss, J. A., Singer, E., Smith, H., Wilkinson, J., Kim, G., Allden, K., & Ford, D. (2003). Mental health of detained asylum seekers. *The Lancet*, *362*(9397), 1721–1723. https://doi.org/10.1016/S0140-6736(03)14846-5

Keyes, C. L. M. (2014). Mental health as a complete state: How the salutogenic perspective completes the picture. In G. F. Bauer & O. Hämmig (Eds.), *Bridging Occupational, Organizational and Public Health: A Transdisciplinary Approach* (pp. 179–192). Springer Netherlands. https://doi.org/10.1007/978-94-007-5640-3_11

Kivilcim, Z. (2016). Legal Violence Against Syrian Female Refugees in Turkey. *Feminist Legal Studies*, *24*, 193–214.

Law No 2828, Law on Social Services, 2828 (1983).

Law on Foreigners and International Protection, 6458 Law on Foreigners and International Protection (2013).

M.S.S. v. Belgium and Greece, 30696/09 (European Court of Human Rights 21 January, 2011). http://www.asylumlawdatabase.eu/en/content/ecthr-mss-v-belgium-and-greece-gc-application-no-3069609

Mülteciler Association. (2020a). *Rehabilitation and Psychological Support Center*. https://multeciler.org.tr/rehabilitasyon-ve-psikolojik-destek-merkezi/

Mülteciler Association. (2020b). *The Number of Syrians in Turkey (author-translation)*. https://multeciler.org.tr/turkiyedeki-suriyeli-sayisi/

Murphy, H. B. M. (1978). The meaning of symptom-check-list scores in mental health surveys: A testing of multiple hypotheses. *Social Science & Medicine. Part A:*

Medical Psychology & Medical Sociology, *12*, 67–75. https://doi.org/10.1016/0271-7123(78)90031-7

Natural Hazards Center. (2015). *Timeline of refugee crisis: From May 2011 – February 2016*. Natural Hazards Center. https://hazards.colorado.edu/article/timeline-refugee-crisis-frommay- 2011-february-2016

Nowak, M. (2003). *Introduction to the International Human Rights Regime*. BRILL.

Ö. Çolak, A. İlkbay, & A. Çolak. (2018). *Evaluation Report of the Outreach Project (author's translation)*. Yuva Association. https://yuva.org.tr/doc/Yerinde_Erisim_Projesi_Degerlendirme_Raporu_2018_lastversion.pdf

Open Door and Dublin Well Woman V. Ireland, Application no. 14234/88; 14235/88 (ECtHR October 29, 1992). https://hudoc.echr.coe.int/eng#{%22dmdocnumber%22:[%22695666%22],%22itemid%22:[%22001-57789%22]}

Presidential Decree No. 141/2013, Presidential Decree No. 141/2013 (2013). http://www.et.gr/index.php/2013-01-28-14-06-23/search-laws

Skleparis, D., & Armakolas, I. (2016). The refugee crisis and the role of NGOs, civil society, and media in Greece. In *Phillips, D. L. (ed.) Balkan Human Corridor: Essays on the Refugee and Migrant Crisis from Scholars and Opinion Leaders in Southeast Europe* (pp. 171–184). Institute for the Study of Human Rights (ISHR), Columbia University.

Sosyal Hizmet Merkezleri Yönetmeliği (author's translation, Social Service Centres Regulation), Regulation (2013).

Statewatch. (2016, 21 February). NGOs and volunteers helping refugees in Greece to be placed under state control. *Statewatch*, http://www.statewatch.org/news/2016/feb/eu-med-crisisvolunteers-state.htm.

The Library of Congress. (2016). *Refugee Law and Policy: Greece*. https://www.loc.gov/law/help/refugee-law/greece.php

UN Committee on Economic, Social and Cultural Rights (CESCR). (2009). *General comment No. 20: Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights)*.

Convention relating to the status of refugees, (1951). https://www.refworld.org/docid/3be01b964.html

International Covenant on Economic, Social and Cultural Rights, International Covenant on Economic, Social and Cultural Rights (1966). https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

Convention on the Rights of the Child, (1989). https://www.refworld.org/docid/3ae6b38f0.html

UN Human Rights Council. (2017). *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health* (A/HRC/35/21).

UNHCR Greece. (2020). *UNHCR Greece Fact Sheet*.

UNHCR Turkey. (n.d.). *Registration with Turkish Authorities*. UNHCR Help. Retrieved 10 May, 2020, from https://help.unhcr.org/turkey/information-for-syrians/reception-and-registration-with-the-turkish-authorities/

UNHCR Turkey. (2020). *Turkey: Key Facts and Figures, January 2020*. UNHCR. https://reliefweb.int/report/turkey/unhcr-turkey-key-facts-and-figures-january-2020-entr

WHO, & The PLOS Medicine Editors. (2013). The Paradox of Mental Health: Over-Treatment and Under-Recognition. *PLOS Medicine, 10*(5), e1001456. https://doi.org/10.1371/journal.pmed.1001456

World Health Organization. (2014). *Mental health: A state of well-being*. https://scholar.google.com/scholar_lookup?title=Promoting+mental+health:+concepts,+emerging+evidence,+practice+(Summary+Report)&publication_year=2004&

X, 2020/20 (Çanakkale Juvenile Court March 24, 2020).

Appendices

Appendices may be needed for formulae, maps, diagrams, interview protocols, or any similar data that are not contained in the body of the thesis. These should be provided after conclusion in the logical order they are mentioned in the main body. A list of appendices should be drawn up, each being given a consecutive number or a letter, and placed in the table of contents. If there are several appendices each should receive a title. If the thesis includes non-paper appendices such as computer data, software, or audio-visual material, students should consult departmental guidelines as to how to append and refer to these.