This study, which aims at informing individuals on and raising awareness about the COVID-19 -the New Corona Virus- period, intends to become a directive explaining the methods to be followed to understand the effect of the virus on human psychology, the social distancing period experienced to avoid the virus and the determinants of this period and to free from negative-undesired emotions and stress.

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I. EFFECTS OF COVID-19 EPIDEMIC ON HUMAN PSYCHOLOGY

1. Effects of Covid-19 On Children-Adolescents-Adults and Elderly Individuals

There is a fundamental *feeling of security* man has but is usually not even aware of. We believe that we are essentially safe even when we know that there are dangers around us. A lethal infection that has broken out recently and can spread easily and quickly has dealt a blow to and affected this fundamental *feeling of security*.

Precautions that have been introduced due to the COVID-19 epidemic and are, needless to say, are indispensable have brought limitations to our lives which we could never imagine that we would be exposed to before. We cannot see our loved ones; restaurants, cafes and many other ordinary components of our daily lives are disappearing one by one. We have anxiety for not being able to have access to basic necessities in time. This makes us feel that even the most fundamental and simplest elements of our daily lives might be taken away from us in the fraction of a second. And this means that one’s basic feelings of trust and existence, to tell the truth, are affected.

The most significant psychological effect of the period we are going through is the manifestation of a deep feeling of insecurity and anxiety. The feeling of uncertainty has a great share here. The situation that has the greatest effect on the psychology of an individual and uncovers a state of anxiety therein is usually *uncertainty*. The thing that is hardest for man to endure is primarily the state of *uncertainty*.

The psychological effect created by COVID-19 is that it touches quite different feelings in;

- children,
- adolescents,
- adults,
- the elderly,
Psychological health gives different alarms even in dangerous situations that basically have the same effects. The epidemic, which has different effects on different parts of the society, is subject to nontrivial considerations in terms of its psychological effects. These considerations are handled in subcategories and are significant in favor of understanding the state of mind of children, adolescents, adults and elderly individuals correctly; being functional; and providing solutions. The situation in question has been categorized under the following headings:

a. Children;

Children decide on how to respond to situations they cannot make sense of by observing adults and take the reactions of adults as an example. Therefore, parents should, first of all, check their own reactions. Children who are exposed to the news or statements of adults about the new Corona Virus might be frightened and, furthermore, the state of panic experienced by parents might lead to the same problems in children.

For this reason, parents need to pay attention to what they are talking about when they are with their children. This does not mean that they should keep completely silent about the issue. Ignoring the reality by keeping completely silent will increase anxiety in children. It would be best to inform children on how to protect against the new Corona Virus and all the other diseases in conformity with their ages and development levels. Expansion of the awareness about the virus is important in terms of pacification of the negative state of mind experienced. It is important to step out of the state of panic, become conscious of precautions that need to be taken and take steps accordingly after acknowledging this reality. We should remember that a desired level of fear will help us act thinkingly but when such fear starts affecting our daily lives in a negative way, we should bring this desired fear under control. In such circumstances, getting professional help will be beneficial.

➢ The child must be allowed to ask questions,
➢ His/her questions must not be avoided,
➢ His/her questions must be paid attention to.

It is important to talk to the child about “what he/she thinks” and “how he/she feels” about the situation he/she is in. It is necessary to talk to him/her about his/her emotions
and give him/her a chance to express his/her emotions if he/she is going through fear, anxiety and disquiet.

**What can we do?**

*The Corona Virus might be visualized by drawing a picture of it for information purposes, we can talk about the shape of the virus or what it looks like. Puppets or toys might also be used to visualize the virus.*

b. **Adolescents;**

Adolescents prefer being up to date by having access to their friends or the social media, rather than their families. Therefore, the situation is different for adolescents, who get information from their friends and are less dependent on their parents, than it is for little children.

Adolescents usually think they have their own information network and therefore, rely more on their group of friends. The biggest problem with talking about the virus is that adolescents have a more realistic point of view than children. When we hypothesize or suggest that “everything is going to be alright”, an adolescent aged 14 might say “you do not know whether we will be alright or not” or make you feel that through his/her behaviours.

Adolescents would rather get information from their friends rather than their families and share the effects of the Corona Virus on themselves mainly with their friends. The fact that sharing with peers is relaxed and based on weak and more speculative directives affects the psychological health of the adolescent adversely. As this age group cannot master the subject and has difficulty in knowing correct information from incorrect information, it sometimes has difficulty in understanding the graveness and strength the situation requires and is sometimes exposed to a state of excessive and functionless anxiety. Although it becomes more difficult to convince individuals of a subject as they get older and more experienced, the proposition that reads as “creating an atmosphere in which the individual can say whatever he/she wants regardless of his/her age” applies to all age groups.

c. **Adults;**
Considering the frequency of use of social media in particular, it is seen that people are exposed to lots of information – correct or incorrect - all the time. While visuals shared and articles written on the subject arouse a high level of stress, fear, panic and anxiety in people; they lead to an increase in complaints such as phobias, sleeping problems, eating disorders and obsessive thoughts.

Therefore, such behaviours as;

➢ Avoiding crowded places,
➢ Being afraid of using public transportation
➢ Failing to focus on one’s work

have started getting worse day by day.

Number of people working from home is increasing with each passing day. Attempts are being made at not leaving home as far as possible. Adults are having difficulty in maintaining their daily routines and focusing on their work. Social life, education life and business life have become more and more difficult for adults. In this context, level of anxiety is much higher among adults. They are worried about themselves, their parents and their children, if any.

**d. The elderly;**

They might give such reactions as intense anxiety, anger, stress, uneasiness and withdrawal. If you have individuals from this age group in your family, surroundings or your workplace; remember that their reactions stem from the extraordinary circumstances we are going through and it is more challenging for them to put up with breaking out of their routines and habits. When you realize that you have difficulty in assisting them as you are also going through the same hard times, try to receive support for them even if it is away from your accessible social network.

1. Keep your elderly relative informed about what is going on in a simple and explanatory manner by taking his/her mental state into consideration. Tell him/her the precautions taken to reduce the risk of infection, what he/she should/should not
do and that these precautions are taken for the same age group all over the world. Make the explanations simpler and repeat them, if necessary. Give correct information about the current situation but make sure that you share the positive developments, as well.

2. Visibility of the fight put up by old aged adults with expertise, experience and resources against the epidemic will make significant contribution. Knowledge and experience of old aged adults with expertise in fields related to the epidemic will be reassuring. Similarly, the social support to be provided by family elders within the scope of the precautions against the epidemic; peer support; and convenience to be provided by establishing relations with children should be remembered.

3. Make sure that he/she obeys the curfew.

4. The elderly often refrain from asking for help as they do not want to tire their loved ones. Offer your relative help in meeting all of the needs thereof that you can think of (withdrawing money, paying bills, shopping, getting his/her medication etc.) without he/she asking you to. While lending him/her assistance; keep your contact short, confine yourself to standing at the door, and remind your elderly relative to wash her hands, in case he/she forgets to, each time you deliver things like medication and foodstuff.

5. Do not take all the responsibility of your elderly relative all by yourself; ask for support from other relatives, if any, and share the burden of looking after your elderly relative. Otherwise, you might experience burnout symptoms. You will use your energy carefully if you organize things to be done beforehand.

2. Effects of Covid-199 on Disabled Individuals, Individuals With Chronic Diseases and the Elderly Living Alone

According to the epidemiologic analysis carried out by WHO and Disease Control Centers, groups that are most likely to get permanent harm from COVID-19 or are on the danger list are:
➢ Old people living alone
➢ Disabled individuals with a chronic disease/weak immunity.

People with common and known chronic diseases such as heart diseases, high blood pressure, respiratory tract diseases and diabetes make up another risk group. Interventions must focus on these groups.

a. Specific to Disabled Individuals;

COVID-19 epidemic might create additional anxiety among disabled people and their caregivers. Inclusion of disabled individuals in emergency planning and interventions against the epidemic and popularizing them not only reduce their risk of catching COVID 19 but is also extremely important in terms of protecting their physical and mental health:

✓ Plans for providing disabled individuals in need of care with the required care must be made paying regard to the conditions under which caregivers of disabled individuals should be placed into quarantine.
✓ Social organizations and community leaders must make contact with disabled individuals who are obliged to part company with their families and caregivers.
✓ Disabled individuals and caregivers thereof must be included in each stage of the interventions carried out within the scope of the epidemic.
✓ Concerns of disabled individuals and their caregivers must be quelled by providing them with psychosocial support.

b. Specific To Old Individuals Living Alone;

In consideration of the fact that their access to information is restricted, old adults are more vulnerable to COVID 19; their immune systems are weaker; and COVID-19 related mentality rate is higher among the elderly population.
Special attention must be paid to high risk groups: e.g. old people living alone or unaccompanied by a relative, elderly individuals with a low socio-economical status and/or comorbidities like cognitive decline/dementia and psychological problems etc.

Elderly individuals with mild cognitive disorders or suffering from presenile dementia need to be informed about what is going on within their perception capacity and they should be provided with the support that will relieve the anxiety and stress they experience. Medical and daily needs of people suffering from middle or late stage dementia, on the other hand, must be met throughout the quarantine period. Medical needs, one of which is uninterrupted access to necessary medication, of elderly individuals with/without COVID-19 must also be met throughout the epidemic. Required psychosocial support must be provided to old adults experiencing cognitive disorders/dementia, in particular, as it might be more difficult to handle their reactions.

Old age confronts us as an important problem today. Elderly population is soaring especially in developed countries. Although Turkey has a young population structure, it would not be wrong to say that the elderly population will also increase in Turkey in the coming years in parallel with the advances in the field of medicine and developments in the economic and social fields. Changes in the structures of the society and families have multiplied and diversified the needs and problems of the elderly. For example, living alone confronts us as a situation that is becoming increasingly common among the elderly, especially in urban regions. The new coronavirus epidemic ravaging the whole world at the moment has the greatest effect on the elderly living alone. Most of them have chronic diseases. Elderly individuals with dementia, in particular, are having bigger problems. Failure to have their medical needs met due to the curfews throughout the epidemic makes their lives more difficult and takes their anxiety to a higher level. These individuals face loneliness psychology and the psychology created by being announced as a risk group by the Ministry of Health, on the one hand, while experiencing fear of death, on the other. Each passing day is more stressful for them. As mentioned above, the needs of this risk group must necessarily be met and psychosocial support must be provided thereto.

c. **Specific to Individuals with Chronic Disorders and/or Weak Immune Systems;**
Individuals with diabetes, cancer, HIV and kidney diseases in particular have a higher level of anxiety. They are more afraid of death. The fact that relevant experts keep stating concentratedly via media tools that precautionary actions should be taken for these patients groups, but the feedback given by these experts sometimes adds to the anxiety of these patients might lead to extraordinary anxiety and fear accompanied by a state of panic in these patients as the state of mind of these people is already deeply influenced by the ongoing disease.

3. Reflections of Covid-19 on Local People and Refugees

Corona virus, which originated in China and has had repercussions all over the world, appeared as an epidemic that has become an element of fear in our country, as well. The fact that the attack rate of the virus is high has led to increased fear. Information shared quickly through social media makes it difficult to distinguish between correct and incorrect information. Psychological reflections of the situation, to which we are exposed globally, might, of course, be negative. Unexpected and life threatening nature of the epidemic causes fear and anxiety and might lead to individuals’ changing or restricting their vital activities. In a situation like this; such important areas like one’s social life, business life or education life might be affected. The epidemic, which creates obscurity and danger, affects people’s psychology adversely. Disorders such as panic attack, high level of stress, phobias, insomnia, eating disorders are on the increase. Translation of recent news and protection measures into Arabic and rapid sharing thereof via suitable channels for the purpose of informing refugees on the COVID-19 period is a quite significant solution offer for this problem.

Refugees, as well as the local people, are affected by the above mentioned states of mind. Refugees might be considered as another high risk group. Speeding up and reinforcement of protective/preventive activities relating to refugees waiting at the borders of Turkey to go to Europe by taking the suggestions and recommendations of the Ministry of Health into account is quite important. This is because physical and psychosocial reflections of COVID-19 on refugees can be more bitter. Infectious diseases spread faster in environments without sufficient hygiene. Some refugees are obliged to live under unhygienic
conditions due to compulsory situations. This poses a great risk. Models of social awareness and assistance are on the increase under the leadership of the Ministry of Health but these models need to be further empowered to meet the specific needs of the refugees. Distribution of hygiene kits containing such materials as wet wipes, hand sanitizers, cleaning materials in particular might set a good example in this respect. Availability of health teams and healthcare workers acquainted with COVID-19, in particular, in areas densely populated by refugees is a part of precautionary activities.

When the fact that refugees are on migratory routes is taken into consideration, risk increases significantly. COVID-19 tests must be performed on refugee groups including refugee children and refugees must be informed on the disease. Multilingual health services must also be provided to enable health teams that will inform the refugees on COVID-19 to do this in the refugees’ native languages. The above-mentioned disadvantageous situations are also believed to have negative reflections on the psychology of the refugees which might lead to the emergence of feeling of insecurity among the refugees. They might have serious difficulty in trying to isolate themselves and their loved ones under inadequate conditions. This epidemic, which has created obscurity and danger, affects the psychology of the refugees to the same extent as it affects the psychology of the local people, may be more. Frequency of such disorders as panic attack, high level of stress, phobia, insomnia, eating disorders is expected to increase among refugee individuals/groups if preventive activities tailored for the refugees fall behind.

4. SOCIAL DISTANCING PERIOD

Social distancing is placed on the top in the stages of prevention of the New Corona Virus. As is the case all over the world, the epidemic has gained steam in Turkey, as well. Therefore, significance of social distancing and things to be done to ensure it need to be underlined once again.

The fact that individuals have embraced social distancing as a temporary process, adopted self-reflection, and made use of it to improve themselves within the bounds of possibility might be considered as a positive contribution. Individuals must always cling to hope. They should instil hope to family members they live with and to people they contact via communication instruments.
This is because: “Hope is a feeling that grows stronger and multiplies when it is shared.”

Individuals showing New Coronavirus symptoms must contact related health institutions. Most common symptoms announced by the Republic of Turkey Ministry of Health are:

- fever,
- cough,
- difficulty in breathing.

Whereas in severe cases

- pneumonia,
- severe respiratory distress,
- kidney failure,
- death might occur.

IMPORTANT INFORMATION!

If a person who has the symptoms calls ALO 184 SABIM (Communications Center of the Ministry of Health) Call Center, guidance will be provided thereto by a reliable expert as required (Republic of Turkey Ministry of Health, 2020).

Although isolation of individuals in the COVID-19 risk group is an important step towards recovery, it is inevitable for these individuals to experience a deep feeling of emptiness in psychosocial terms. When reflected on frequently, such negative thoughts and pessimistic scenarios as leaving one’s social environment and job, fear of not being able to restore his/her former lifestyle, feeling of loneliness, getting closer to death, fear of not being able to say goodbye to the loved ones isolate the individual psychologically, as well. As a result, stress and anxiety are felt intensively.
Up-to-date researches carried out have revealed that parental discord and divorce rate has increased during the social distancing period. Man is a “Biopsychosocial” being.

Family members are isolated from business life, school life and social life and are together in the home environment which is a shared area. Risk of having difficulties and disagreements naturally exists in an environment of uncertainty about the future of the COVID-19 period and a restricted living space. Role conflicts that end up in parental discord might be experienced in particular.

_It is quite wrong to label the elderly, patients with chronic diseases and disabled individuals, who are in the risk group for the New Corona Virus disease. Instead of stigmatizing and ostracizing individuals in the risk group in an unprecedented period of COVID-19 epidemic, other individuals should act as facilitators._ This situation, which seems to be disadvantageous, can be rendered advantageous for the risk group by triggering cooperation and respect.

_“This is because being considered important and feeling that one is well-beloved always have a curative effect.”_

If individuals cannot meet their basic needs, such needs must be met in a roundabout way. If old individuals insist on carrying out their daily routines in the external environment, alternative routines should be offered to them. The period we are going through must be explained to them using simple methods without driving them to anxiety and despair (Mental Health During the Corona Virus Epidemic).

Disabled individuals are becoming distanced from centers they attend regularly for therapeutic purposes. Support must be received from qualified institutions and organizations on what to do in terms of treatment and development of disabled individuals within this period. While speaking of the social distancing procedure, the epidemic and precautions taken must be mentioned underlining the fact that it is a temporary period taking the feeling of hope as a basis.

5. **According to the official information presented by Republic of Turkey Ministry of Health;**
❖ No deaths were observed among children aged between 0 and 9 in the period between the outbreak of the COVID-19 epidemic and March 22, 2020.

❖ 0.2% death has been reported among adolescents aged between 10 and 19.

When these figures and data shared until today are considered, a clinical picture with a milder form of COVID-19 is observed among children (COVID-19 Guide Science Committee Study, 2020). According to the number of deaths and statistical data; children, apart from those with a chronic disease, are in the super carrier group rather than the risk group in the clinical picture of COVID-19 epidemic. Therefore, it is possible to understand the significance of the social distancing period and the connection between them at this point, as well.

Distressed parents’ passing their anxiety and stress on to their children creates negative effects in terms of the development of the child. Recent issues like why the child is receiving distant education and how long this period will last must be explained to the child by the mother and father face to face in a simple and understandable manner. Daily routines must be created and these routines must be followed without delay. Here, mothers and fathers who are role models for the child must show more sensitivity in the home environment. If an atmosphere of anxiety and stress is created unrestrainedly, it is inevitable that the child will give the same reaction, may be worse, and the adaptation period will be prolonged.

A child who observes his/her parents’ indifference, ignorance, not complying with the precautions, failing to show the required sensitivity to hygiene rules -which are the exact opposite of the above- will continue copying his/her parents.

As each and every family cannot have equal conditions and opportunities during the social distancing period, each and every child cannot have equal conditions and opportunities, either. A child’s lacking an indoors area, in which he/she should stay to protect his/her health and the health of people around him/her throughout the social distancing period, is one of the problems faced. Related institutions and organizations should be informed when this is the case and precautions should be taken.

6. Things to be done during the social distancing period are as follows:
You have to comply with the 14-day social distancing period during the COVID-19 epidemic.

Some of the precautions cited from sources prepared by Republic of Turkey Ministry of Health are as follows (Republic of Turkey Ministry of Health, 2020):

✓ Do not receive visitors.
✓ Stay in a separate room, if possible.
✓ Ventilate your room often.
✓ Make sure that you wear a medical mask in the common areas of the house.
✓ Use a different toilet and bathroom, if possible. Make sure that you use a mask in these areas if there is not a separate toilet or bath. Clean these areas after each use.
✓ Ensure hand hygiene often. Wash your hands with water and normal soap or rub with a hand sanitizer containing alcohol.
✓ Keep such objects as plates, glasses, towels apart, do not share them.

Official and reliable publications must be preferred for getting information about the COVID-19 epidemic. Time spent on communication instruments such as social media and radio/television for the purpose of being up to date must be reduced by half.

Daily routines must be planned and followed by the family.

Psychosocial activities aimed at reducing the interpersonal feelings of concern, anxiety, fear and stress in the family (breathing excersises, dancing, playing games, writing stories that are full of hope) must be carried out. Additionally, professional help must be sought when considered necessary.

The individual must be guided towards activites that he/she can do by herself such as a recreational and renewal activities to ensure that the individual handles this period as an inner trip.

The individual must be enabled to interact with his/her social circle often using communication instruments (telephone, internet etc.).
Notification of related institutions and organizations on the needs (medical needs, food needs etc.) that cannot be accessed by old individuals and disabled individuals must be ensured.

Old individuals, disabled individuals must be enabled to receive professional help so that their psychosocial development can be promoted.
II. GRIEF PROCESS/DEATH

High risk groups, the lives of which are under threat due to Covid-19, are:

➢ People with chronic diseases (type of illnesses that continue for a long time, continue for a lifetime and are considered to have more limited treatment opportunities.),
➢ Old people
➢ People with immune deficiency,
➢ People with heart diseases, diabetes, respiratory tract diseases.

In line with up-to-date information, higher mortality rates are seen among above-mentioned people, in other words, the risk groups.

As a matter of course, a difficult situation comes into the picture when people carrying the risk of being infected are taken to the hospital by emergency health teams responsible to the Republic of Turkey Ministry of Health after protective measures are taken in full and when inner circle of the patient is not accepted to the hospital rendering contact of the patient with his/her inner circle impossible. Fear, agitation and anxiety levels of the inner circle of the patient increase for certain when the patient is separated from his/her inner circle.

Failure on the part of the health teams to save the person, who has entered a treatment process, despite all medical efforts and lack of response, on the part of the patient, to the treatment cause grief among his/her inner circle rendering acceptance of the death of the deceased person more difficult. Burial of the deceased person by health teams alone in order to protect his/her inner circle from possible risk factors also makes the mourning period and acceptance of death more difficult. Failure to be close to the deceased during burial, which was the case in the treatment process as well, will extend the time needed by individuals to accept their loved one’s death and awaken feelings they cannot make sense of.
Grief experienced by individuals in the face of expected or unexpected death is private, in other words, unique; so the feeling of grief felt for the deceased person might vary from person to person. Reactions given are not the same and the acceptance period is different for everyone.

“Symptoms overlapping the cause of death of the deceased person might also be seen in the inner circle of the deceased person.”

Death is a border or restriction which, man thinks, is merciless and which we cannot avoid or escape. “Neither can someone die in our stead nor save us from this ending.” Although we are sure that we will die, we do not know when and how. In that case, we constantly face the possibility of disappearing suddenly and abruptly. Each of us is aware of the fact that we are drifting toward an inescapable cliff very fast since the very beginning of our lives and it is this awareness that has a role in the center of our lives. We lose parts of what we are and we are not what we were anymore. The drift toward destruction and the awareness of life, of course, cause great anxiety in man.

**Signs of Grief:**

People give physically and emotional reactions to expected or unexpected death. Emotional reactions might appear in the form of:

- Dismay, trauma
- Sorrow
- Frustration and anger
- Guilt
- Apprehension and helplessness
- Fatigue and numbness
- Loneliness
- Longing
- Relief

Difficulty in remembering might also be observed in this period.
Physical reactions in the grief period might be the following;

- Feeling of emptiness in the stomach
- Inability to breathe
- Feeling as if you were being suffocated
- Dryness of the mouth
- Loss of strength and getting tired quickly
- Oversensitiveness to sound
- Unreality
- Tightness in the chest and the throat
- Tension and spasms in the muscles
- Weakness
- Tiredness
- Nausea
- Vomiting
- Constipation and diarrhoea

Of course, we also express our reactions in the form of behavioral problems in addition to the above-mentioned emotional and physical reactions.

**A. Behavioral problems;**

- Irregular sleep pattern
- Irregular appetite
- Crying spells
- Social withdrawal
- Recurring dreams
- Diffidence
- Sighing
- Hyperactivity
- Incoherent behaviour patterns
- Failure to pursue an organized activity
- Going to places or carrying objects that remind you of the deceased person all the time.
1. **Grief Period Among Refugees During the Epidemic**

   All vulnerable populations experience the Covid-19 epidemic in different ways. When living conditions of refugees and immigrants residing in countries that are struggling with long standing crises, natural disasters, migration, conflicts are considered; the abrupt change caused by an unexpected epidemic in the lives of all people, accompanied by refugees’ struggle for achieving social adaptation while trying to deal with integration problems, gives them a period that is difficult to accept, as well.

   Taking protective measures against this epidemic, which has taken hold of humanity as a whole without regard to race, religion and language, is a joint action. Rather than surrendering to this epidemic, which is an unexpected situation for displaced people trying to create a new safe living space for themselves, we should search for new defences and a new meaning for ourselves. We should try to understand what our anxiety, sorrow, grief, mourning represent and make us feel. Paying attention to and trying to understand our feelings will be the most reasonable attitude to be adopted in this period. Economic poverty accompanied by the fight they put up not to lose their lives and lives of their families in the current war has been more challenging for immigrants and refugees in this period. Depressive reactions are possible in such a situation, in which fatigue and hopelessness have increased.

   Grief arising from loss of a person due to the epidemic or another reason needs to be experienced. Grief not experienced will carry many reactional behaviours with it later on. Individuals go through the grief period in different ways and depths. It is impossible not to feel pain following the death of someone you have deep and true bonds with. The society might be disturbed by the emotional reactions of the individual and get implicit messages across to him/her. Under these circumstances, the individual chooses “denial” which is one of the defense mechanisms.

2. **Negligences That Lead To Grief/Loss**

   The biggest problems experienced globally and the reasons why cases of death increased during the Covid-19 epidemic are known as failure to follow protective measures,
that is, to stay at home, to wash hands very often and in line with hygiene rules, to retain social distancing; and getting into close contact with people, accompanied by failure on the part of individuals coming from abroad to comply with the 14-day quarantine period. This implies that the person does not believe in the actuality of death and denies death based on the idea that this will not happen to him/her. However, death is a part of our existence. Feeling of guilt will also arouse within this period. Attempts at bringing the times before the separation back and such thoughts as “I wish I had taken him/her to the doctor, I wish I had thought about these” etc. might be observed. Distress and symptoms of depression manifest themselves further as the actuality of the anxiety is realized.

3. **How long does grief last?**

Acceptance period is seen when the grief period is over. The first three-six months is a period, in which strong emotions are felt. Strong feelings of grief experienced gradually decrease six months to two years later. The person lost is not forgotten but the individual learns to live with this reality and continues making plans about his life.

“If a mourner is still having difficulty carrying out his/her life activities when the six-month period is over, he/she should receive mental health services.”

4. **How Shoud A Mourner Be Supported?**

The mourner needs his existence to be realized and his feelings to be heard. During this period, the best support to be given to the mourner would be to listen to him/her and let him/her talk about his/her pain. Providing physical support is also important. Standing by and helping him/her when he/she needs to do the activities he has difficulty doing alone such as eating, ensuring a regular sleep routine, dressing up will be very good for him/her.

Statements used to relieve one’s pain:

“You need to be strong”, “Life goes on.” (WRONG)

“You need to survive for your children.” (WRONG)
THE STRAIGHT OF IT IS!

To avoid these expressions. To say “I am trying to understand you.” instead and let him/her talk about his/her feelings and emotions.

Grief never ends but life goes on for the living. What the living needs to do is to learn to live with the emptiness that is left behind in the ongoing process.

III. COVID-19 PERIOD AND RECOMMENDATIONS THAT WILL MAKE SUCH PERIOD EASIER FOR SEGMENTS OF THE SOCIETY

1. Potential Problems To Be Faced By Teachers Due to the Covid-19 Epidemic and Solution Recommendations To These Problems

Suspension of education activities due to the Covid-19 epidemic is the first step implemented to prevent this epidemic. Schools started going through a period they had never experienced before.

Suspension of education activities at schools, which have a great effect on promoting the social adaptation of immigrant and refugee children, and continuation of education activities via online platforms posed challenges for immigrants and refugees, as well as the local people, in this period.

Sharing of correct information about Covid-19 not only helps alleviate the anxiety and fear experienced by students due to the infection but also promotes their capacity to deal with possible secondary factors. Schools and teachers are vital in the correct transfer of this information.

2. Gender Roles and Covid-19 Period
A process that is more challenging was entered into upon the introduction of social distancing, that is, locking ourselves in the house, and upon reduction of economic opportunities and job opportunities for women, as well as their being encumbered with general care of the family in the household, in the Covid-19 period. In this context, the epidemic experience has led to an increase in the workload of women.

When handled in terms of gender, this period might carry some problems in economic terms and within the framework of domestic responsibilities with it for male individuals, as well. The epidemic will also bring about parental stress, spouse/partner abuse and other types of violence. However, it should be remembered that concern for the future and future anxiety is being experienced by each and every member of the household without regard to sex.

Unexpected changes in usual routines has both shaken the safe areas occupied by individuals and forced them to find fast defense mechanisms. The individual will provide himself/herself with the first psychological support by accepting that it is a temporary period. Hope and anxiety are interbedded. The person experiencing hopelessness is, in fact, willing to keep anxiety out of himself/herself. It is actually a type of defense created by man against himself/herself. Whereas hope and hopelessness can be chosen by the individual, anxiety is not something preferred by the person. Abstaining from staying in the uncertainty of Covid-19 epidemic in our lives and increasing our psychological strength by changing our focus will be the most reasonable attitudes to be adopted in this period.

3. Possible Problems To Be Faced By Healthcare Professionals and Mental Health Professionals and Solution Offers for These Problems

The fact that healthcare professionals are in danger due to the Covid-19 epidemic at any time and have felt quite tired physically and psychologically due to attempts at healing people that have caught the disease in this period are stubborn facts.

Management of the deep distress felt by people that have caught the disease accompanied by the constant risk of infection, equipment drawbacks and medical care might gradually become more difficult. Psychological problems, fear, sorrow, frustration, guilt, insomnia and
fatigue might be experienced in epidemic environments. Psychological processes of health professionals will inevitably be affected in this period.

Feeling stressful in challenging crisis periods like this is an experience your colleagues might go through, as well. Feeling this way in this period is normal. Stress and related feelings do not indicate that you are not skilled in your job or that you are weak. Stress that is not intensive might even help you concentrate on your work and increase your desire to achieve your goals.

Risk of getting infected while trying to help your patients might frighten and disturb you. Likewise, your concerns about giving harm to your loved ones might increase when the likelihood of carrying the virus is considered.

You might blame yourself and get angry thinking that your attempts fail no matter how many medical interventions you perform.

You might also feel more angry and more anxious than normal while working in the epidemic period. You might feel inerately exhausted and less relaxed during your resting time, as well. Physical complaints like body aches or throat ache might emerge. Such feelings as impatience, anger and helplessness might be experienced by all healthcare professionals in this period.

Although everybody has his/her own ways of experiencing and dealing with stress, it is recommended that you avoid lack of sleep for more than 24 hours.

Uncertainties about the epidemic, information from the media might lead to overstimulation and increase your agitation level. Information from different countries and sources might be confusing.

Basic needs such as sleep, rest and eating might become items of luxury in a busy schedule. In such a case, lack of attention and loss of concentration might have a tendency to increase.

In addition to the anxiety and concern experienced by them in this period, mental healthcare professionals might have difficulty ignoring the assumptions of feeling of distress, anxiety, depression and exhaustion in their inner worlds due to the transferences from the clients they lend assistance to during therapies.
All of these are challenges that might be faced by healthcare professionals under extraordinary circumstances. Coping with them will, of course, not be easy. You might follow the suggestions offered:

- Do not believe mistakenly that “Nothing will happen to you.”. Pay attention to the security precautions in your workplace while trying to help the patients.
- In situations like this, the significance of cooperation and solidarity is inevitable. Remember that you are facing a situation that goes beyond the personal strength of everybody. Do not hesitate to ask for help from the people around you when necessary.
- Remaining separate from loved ones and not being able to look after their needs for a long time might make you feel guilty. Stay in touch with your loved ones. Make video calls when face to face meeting is not safe. Staying in touch with your loved ones will help you cope with your fears. It would be great if you did not share information about the processes in the hospital in order to sustain your loved ones.
- If you take the opportunity to have a rest even for a short period of time, take advantage of it. Take a break if you feel impatience, anger, helplessness. Try to relax and be tolerant towards colleagues who feel this way.
- Pay attention to your own needs, as well as the needs of your loved ones, when you take a break. Devote time to meeting your needs as far as possible.
- Sharing difficult experiences during the day with other individuals you are working with will reduce your emotional baggage.
- Do not hesitate to talk to your colleagues or managers when agitation and work load drains you and when you have difficulty making decisions. Coping with a situation like this is only possible through consensus and joint precautions.
- If you notice a colleague that seems to feel suffocated and exhausted, talk to her and ask her if you could help her.
- It would do good if mental healthcare professionals go through their own therapeutic processes.
4. Relaxation Exercises

Being able to do time planning in the Covid-19 epidemic period and addition of muscle and breathing exercises to this plan to control anxiety and distress will help individuals control their feelings.

4.1. Deep Breath Meditation

When you take a deep breath from the abdomen, you lungs get fresh air as much as possible and you breath in more oxygen. The more oxygen you get, the less nervous-distressed you will feel.

- Sit comfortably in a manner that your back is straight. Put one of your hands on your chest and the other on your stomach.
- Breath in through the nose. The hand on your stomach will go up. The hand on your chest will barely move.
- Breathe out from the mouth. You can breath out longer by tightening your stomach muscles. While the hand on your stomach moves downwards, the other hand will barely move.
- Continue breathing in through the nose and breathing out from the mouth. Try to adjust your breath to the movements of your stomach. Breathe out slowly.
- Allocate 3 seconds to each breath. That is, breath in for 3 seconds (not more slowly or faster), hold your breath for 3 seconds and breath out for 3 seconds. You can do this by finger counting.

4.2. Muscle Relaxation Exercises Against Stress

Muscles in different parts of your body create awareness about the feelings of contraction and relaxation. This will help you notice and eliminate the muscle strain accompanying stress. In this way, your mind will feel relived as your body relaxes. You can combine deep breath and muscle relaxation exercises depending on your anxiety level. However, if you have a history of muscle spasm, back problems or other severe muscle problems, it would not be appropriate for you to do this exercise.

Start practising from the feet and proceed step by step following the instructions below:
• Wait for a few minutes to relax, breath slowly and deeply.
• Concentrate on your right foot when you feel relaxed and ready. Focus on your right foot for some time and notice how you feel.
• Contract the muscles in your left foot slowly, do it as much as you can. Count to ten.
• Free your right foot. Focus on the tenseness leaving your body, feel your foot becoming free and flexible.
• Stay in that free position for a while, breath in deeply and slowly.
• Concentrate on your left foot when you are ready. Follow the same steps to contract and free your muscles.
• Proceed to the upper parts of your body slowly, contract and free muscle groups.
• You might need to practice when you do this for the first time but do not try to contract your muscles more than you can.

4.3. Visualization Meditation Against Stress

This method is based on thinking of an atmosphere, in which you feel at peace and are away from all your anxiety and distress. You can choose any environment that makes you relax, you can do this exercise by yourself in silence listening to calming music.

Find a silent and comfortable place. Close your eyes and let your concerns go away. Think of your comfortable atmosphere. Let the picture be as vivid as possible- it can be anything you can see, hear, smell or feel. Let your dream surface.

For example, if you are thinking of a dock by a calm lake shore:

• Walk around the dock slowly and notice the colours and structures around you.
• Try to discover each one of your sensations.
• See the sun set on the water.
• Listen to the birds singing.
• Smell the pine trees.
• Feel the cold water covering your feet.
• Reach to the taste of the clean, fresh air.
Enjoy the feeling of relaxation while discovering your comfortable atmosphere slowly. Open your eyes slowly when you are ready and come back to now.

You might be distracted, feel tense or heaviness on your legs and experience involuntary muscular movements or cough, yawn etc which are seen less often. These are normal reactions.

IV. INTERNATIONAL BLUE CRESCENT RELIEF AND DEVELOPMENT FOUNDATION KILIS COMMUNITY CENTER

In this part of the study, you will have access to information on the mission undertaken by the Community Support Centre which is active as a result of the activities carried out by International Blue Crescent Relief and Development Foundation in Kilis, in addition to the notes, recommendations and approaches in the directive.

The Community Support Centre carries on its activities adhering to the principles of humanitarian relief in this period as usual with the aim of being a facilitator and solutioner in the access to services in all conditions. Activities the individuals are in need of and that are carried out in the head office are maintained in the virtual platform via mobile devices.

Focal officers and telephone numbers of these focal officers have been distributed to beneficiaries to ensure access thereof to these services. The individual states the service he/she needs through the intermediary of these focal officers and rapid action is taken on what can be done based on such statement. There are some principles that are followed while taking these actions. The first one of these principles is the evaluation of the resources and tools owned by the Community Support Centre. The whole process that goes on until the service is delivered to the individuals in a facilitating manner following these steps studiously is observed and monitored. In this manner, activities that are suited for the objective can go on to the next level.
Our contact information and free services that can be applied to are as follows:

**0538 574 63 09**

- Case management,
- Psychological Counselling,
- Legal consultancy
- Training courses

This study, which was prepared to act as a guide to overcome these hard times and to establish a directive covering the required functional, solution oriented recommendations, has taken on a task for the good of individuals. And we extend our thanks to Republic of Turkey Ministry of Health for all its efforts that revealed the need for this study and similar studies and supported all the derivatives of this study as their primary source and to Healthcare Professionals who take on all functional tasks for this cause.