Addressing the mental health needs of those affected by the earthquakes in Türkiye

On Feb 6, 2023, two major earthquakes with magnitudes of 7.8 and 7.6 hit our country, Türkiye, as well as Syria, causing severe destruction and representing the European region’s worst natural disaster in terms of death toll in over a century. Despite Türkiye being prone to earthquakes, we were not prepared for this disaster, as noted by Turkish doctor Bulut Ezer. Little progress has been made in disaster planning since the devastating 7.6 magnitude Izmit earthquake in 1999. Inadequate disaster preparedness and responses have led to massive losses of life and population movement, eroding our country’s social and economic fabric. This disaster is also taking a heavy toll on our health system and causing unprecedented public health needs, including mental health problems.

The trauma and stress associated with the Izmit earthquake had long-lasting negative effects on mental health, highlighting the importance of addressing mental health needs in the aftermath of natural disasters. Considering the current scale of the destruction and associated population movement, how the mental health needs of affected people are responded to is of utmost importance to determine the success of the recovery process of our community. On the basis of the Inter-Agency Standing Committee guidelines, we propose a multilayered and multisectoral comprehensive action plan to guide mental health and psychosocial support activities in response to the current emergency.

The first step should be to establish a coordinating body to monitor and guide the ongoing activities of multiple humanitarian agencies in the field. This should be initiated by local bodies (eg, the Turkish Ministry of Health) in the form of a disaster coordination working group, and it should include representatives from national and international organisations that work in health and related sectors. The second step should be assessment of mental health needs and should be done with locally adapted measures (eg, the Turkish adapted version of Symptom Checklist-90-Revised) and in culturally appropriate ways to identify people at high risk of developing mental ill health. The needs of diverse communities,
including Alevi, Arabs, and refugees in the affected area, should be carefully considered. Provision of training and strengthening of the local mental health workforce in emergency preparedness and response are essential, considering Türkiye’s geographical position in a natural disaster-prone and conflict-affected area. Training should be provided as part of a curriculum of mental health education, including psychology, psychiatry, and social work. Since recovery from the current earthquakes will take years, the wellbeing of local mental health workers and the quality of their services should be supported by continuous supervision and training by experienced mental health professionals. Ongoing professional support and supervision will help to strengthen this workforce.

To allocate resources effectively and ensure sustainability of mental health and psychosocial support activities, we suggest a stepped-care approach to service delivery during the recovery phase of the disaster. Stepped care involves a hierarchy of interventions: from scalable interventions provided by community mental health workers with no formal mental health education, to specialised treatments delivered by mental health professionals. After the acute phase of the disaster, survivors of the earthquake could be offered scalable interventions such as Self-Help Plus and Problem Management Plus—interventions developed by WHO for treating common mental health conditions such as post-traumatic stress disorder, anxiety, and depression—which can be offered in individual or group formats.5 People whose symptoms of psychological distress do not decrease could be moved to the next level and offered specialised psychological treatments such as trauma-focused therapies.

Implementation of this model requires meticulous planning and adaptation based on social, cultural, and economic needs that determine mental health outcomes. It is time to show what we have learned from the past and to prioritise mental health in disaster preparedness and response.

We declare no competing interests.

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