

of support. This can be done by ensuring that light-touch, trauma-informed tools, such as tip-sheets, leaflets, and videos, reach all affected families. Tools can be disseminated by attaching them to existing relief efforts (eg, inserting leaflets into bread packages and sharing videos through online platforms such as WhatsApp).⁵ Dissemination does not require specialised, trained staff, which is an important consideration as professionals have died or been injured during the earthquake. These tools will be particularly important for adults taking on the primary caregiver role to children who have lost their caregiver.

After the initial emergency response, children and caregivers will need more specialised trauma recovery interventions. All humanitarian staff should be trained on such interventions. The Children and War Foundation, for example, has begun mobilising remote training of their child trauma recovery intervention called Teaching Recovery Techniques. This intervention will be implemented alongside an adapted version of the intervention called Teaching Recovery Techniques Plus Parenting,² so that caregivers learn trauma recovery skills while also participating in trauma-informed parenting skills sessions.

In affected cities in Türkiye and Syria, many caregivers will be at a complete loss for how to respond to their children's emotional and behavioural challenges. As indicated in the [Convention on the Rights of The Child](#), states are obliged to support parents and guardians in caring for children; doing so will strengthen parent-child relationships as well as the health, safety, and resilience of children and families.

LC received research grants to her University from UK Research and Innovation, LEGO Foundation, Oak Foundation, and The Human Safety Net Foundation. All other authors declare no competing interests. The views expressed in this Correspondence do not necessarily reflect the views of the UN or its officials or Member States.

*Aala El-Khani, Rachel Calam, Lucie Cluver, Sabine Rakotomalala, Wadih Maalouf
aala.el-khani@un.org

UN Office on Drugs and Crime, Vienna A-1400, Austria (AE-K, WM); Division of Psychology and Mental Health, University of Manchester, Manchester, UK (AE-K, RC); Department of Social Policy and Intervention, University of Oxford, Oxford, UK (LC); Department of Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa (LC); Violence Prevention Unit, WHO, Geneva, Switzerland (SR)

- 1 WHO. WHO guidelines on parenting interventions to prevent maltreatment and enhance parent-child relationships with children aged 0-17 years. Feb 10, 2023. <https://www.who.int/publications/i/item/9789240065505> (accessed Feb 16, 2023).
- 2 El-Khani A, Cartwright K, Maalouf W, et al. Enhancing Teaching Recovery Techniques (TRT) with parenting skills: RCT of TRT+ parenting with trauma-affected Syrian refugees in Lebanon utilising remote training with implications for insecure contexts and COVID-19. *Int J Environ Res Public Health* 2021; **18**: 8652.
- 3 Bürgin D, Anagnostopoulos D, Vitiello B, Sukale T, Schmid M, Fegert JM. Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches. *Eur Child Adolesc Psychiatry* 2022; **31**: 845-53.
- 4 UN Office on Drugs and Crime. Caregiver resources for earthquake response: Syria, Türkiye, and neighbouring countries. Feb 15, 2023. https://www.unodc.org/unodc/en/prevention/earthquake-response_-syria--trkiye--and-neighbouring-countries.html?testme (accessed Feb 16, 2023).
- 5 El-Khani A, Cartwright K, Redmond A, Calam R. Daily bread: a novel vehicle for dissemination and evaluation of psychological first aid for families exposed to armed conflict in Syria. *Glob Ment Health (Camb)* 2016; **3**: e15.

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.¹ Little progress has been made in disaster planning since the devastating 7.6 magnitude İzmit 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 İzmit earthquake had long-lasting negative effects on mental health, highlighting the importance of addressing mental health needs in the aftermath of natural disasters.² Considering the current scale of the destruction and associated population movement, how the mental health needs of affected people is 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,³ 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)⁴ and in culturally appropriate ways to identify people at high risk of developing mental ill health. The needs of diverse communities,

For more on the [Convention on the Rights of The Child](#) see https://www.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf



Published Online
March 1, 2023
[https://doi.org/10.1016/S2215-0366\(23\)00059-7](https://doi.org/10.1016/S2215-0366(23)00059-7)

including Alevis, 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.

**Gulsah Kurt, Ersin Uygun, A Tamer Aker, Ceren Acarturk*
g.kurt@unsw.edu.au

Discipline of Psychiatry and Mental Health, University of New South Wales Sydney, Sydney, NSW 2052, Australia (GK); Department of Psychology, Koc University, Istanbul, Türkiye (CA); Trauma and Disaster Mental Health, Istanbul Bilgi University, Istanbul, Türkiye (EU, ATA)

- 1 The Lancet. Responding to the Türkiye–Syria earthquake: what will it take? *Lancet* 2023; **401**: 525.
- 2 Başoğlu M, Kiliç C, Şalcioglu E, Livanou M. Prevalence of posttraumatic stress disorder and comorbid depression in earthquake survivors in Turkey: an epidemiological study. *J Traum Stress* 2004; **17**: 133–41.
- 3 Inter-Agency Standing Committee. IASC guidelines on mental health and psychosocial support in emergency settings, 2007. <https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007> (accessed Feb 19, 2023).
- 4 Dag I. Belirti tarama listesi (SCL-90-R)'nin üniversite öğrencileri için güvenilirliği ve geçerliği. *Türk Psikiyatri Dergisi* 1991; **2**: 5–12.
- 5 WHO. mhGAP: mental health gap action programme: scaling up care for mental, neurological and substance use disorders. Geneva: World Health Organization, 2008. <https://apps.who.int/iris/handle/10665/43809> (accessed Feb 19, 2023).