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**Social Inclusion of Persons with Mental Disabilities**  
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# Mental Health and Psychosocial Support Services Stakeholders Workshop

## Workshop Report

21-22 March 2023



REPUBLIC OF TÜRKİYE  
MINISTRY OF FAMILY AND  
SOCIAL SERVICES



REPUBLIC OF TÜRKİYE  
MINISTRY OF HEALTH

 **World Health  
Organization**  
European Region

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# Abbreviations

<b>AFAD</b>	Disaster and Emergency Management Presidency
<b>AKUT</b>	Search & Rescue Association
<b>ASAM</b>	Association for Solidarity with Asylum Seekers and Migrants
<b>CMHC</b>	Community Mental Health Center
<b>FAO</b>	Food and Agricultural Organization
<b>IASC</b>	Inter-Agency Standing Committee
<b>IOM</b>	International Organization for Migration
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MoFSS</b>	Ministry of Family and Social Services
<b>MoH</b>	Ministry of Health
<b>NGO</b>	Non-governmental Organization
<b>RAM</b>	Guidance and Research Center
<b>STL</b>	Support to Life
<b>UMKE</b>	National Medical Rescue Team
<b>UN</b>	United Nations
<b>UNFPA</b>	The United Nations Population Fund
<b>UNHCR</b>	The United Nations Refugee Agency
<b>UNICEF</b>	The United Nations Children's Fund
<b>WHH</b>	Welthungerhilfe
<b>WHO</b>	World Health Organization

# Background

Two earthquakes of magnitude 7.7, and 7.6 with the epicenters Pazarcık and Elbistan, Kahramanmaraş, respectively, happened on February 6, 2023. These earthquakes caused major devastation in 11 provinces. After the earthquakes, which affected an area where 13.5 million people live, the transfer of the affected population to other regions, made it necessary to carry out psychosocial support services not only in the earthquake zone but also throughout the country. Mental health and psychosocial support activities for the Kahramanmaraş Earthquakes are being carried out by the World Health Organization Country Office in Türkiye in cooperation with the Ministry of Health and the Ministry of Family and Social Services. Support activities are planned and implemented in accordance with the needs analysis carried out by different institutions, the needs of field workers, due diligence at the central level and the feedback from professional organizations.

Considering the great need for mental health and psychosocial support services, the importance of the cooperation of stakeholders working in this field becomes evident. A 2-day stakeholder meeting was organized by the World Health Organization Country Office in Türkiye in Ankara to review the work carried out so far with stakeholders who have been working since the earthquake occurred as well as to determine a road map for the coming months.

Based on the observations and field experiences of stakeholders, problems and resources in the earthquake zone were discussed under five working groups: “Children-adolescents”, “Vulnerable groups”, “Specialized Mental Health Services”, “Individuals in Institutional Care”, “Individuals under Temporary Protection”. The needs and solution proposals identified by the working groups consisting of experts in their fields are summarized below.

# Children and adolescents working group

## Current situation and resources

According to the Türkiye Disaster Response Plan, psychosocial support services in the earthquake-affected region are coordinated by the MoFSS. The MoFSS is working with other public institutions and organizations, various NGOs and cooperates with international organizations.

Currently, psychosocial support in the field is mainly provided by the MoFSS and the MoH. In this context, 150,000 wounded were taken under treatment in different institutions; support was provided for emergency needs, clothing, communication, institutionalization and treatment processes. In addition to institutional resources, local resources, donations and support from volunteers were also utilised throughout this process. Provincial Directorates of Family and Social Services and Provincial Directorates of Health continue to provide psychosocial support and well-being promotion activities.

The MoFSS continues to provide services with mobile vehicles to combat violence against women and children. Since there were no participants from the General Directorate of the Status of Women at the meeting, no relevant data could be obtained.

MoFSS provides services for children both with its own institutional facilities and with the support of NGOs through mobile vehicles and in residential areas. The families of identified unaccompanied minors are found by the MoFSS. Efforts to find the families of unidentified children are carried out in cooperation with the security units. The MoFSS underlined that there is disinformation about unaccompanied minors in the media and requested support from stakeholders in this regard.

In the provinces where migrants are transferred, psychosocial support services are provided by Migration Centers and relevant institutions have interpreters.

Within the scope of the cooperation on psychosocial support services between the MoFSS and WHO, psychological first aid training regarding children and Expert Consultation sessions for PSS teams working in the field are conducted. MoFSS have a cooperation protocol with many NGOs, including "Save the Children".

Child-friendly spaces have started to be established in the earthquake-affected area, but a lack of adolescent-friendly spaces and programs was highlighted by stakeholders. Additional child and adolescent friendly spaces are being established by UNICEF. In addition, the Young Lives Foundation is developing programs for adolescents and children on issues such as addiction and grief. Save the Children is planning trainings and individual counseling modules for parents. Pre- earthquake trainings, and programs, such as Children Resilience Programme and Youth Resilience Programme are being adapted for the post-disaster situation. Save the Children and UNICEF Lebanon prepared a 'youth well-being' training and ready-made documents on death and grief ready to share. Save the Children is also setting up youth-friendly spaces. The MoFSS also has multi-session psychosocial support trainings provided by the Red Crescent.



The working group noted urgent needs as well as a lack of coordination in the field. In addition, there is a shortage of personnel.

### ***Needs and objectives***

The needs identified by the children and adolescents working group and recommended actions to be taken are as follows:

- » Immediate reunification of separated children with their family members,
- » Ensure that support for children and adolescents covers both local and evacuated children
- » Opening and operation of child-friendly spaces in accordance with minimum standards,
- » Work with stakeholders such as the Red Crescent to support child-friendly spaces,
- » Immediate setting up of adolescent-friendly areas, considering the special needs for education and learning of children in the region who are still out of school,
- » Conduct studies on returning to hometowns, adaptation, and increasing the coping capacities of children and adolescents who are grieving, who have lost their relatives, families and homes,
- » Establish a support program for adolescents, and conduct specialized works (adolescents do not feel that they belong to the children-friendly spaces),
- » Increase the capacity of teams working specifically with adolescents,
- » Provide support to parents first to ensure children's well-being,
- » Provide psychosocial support by considering the urgent needs in the earthquake region (such as the provision of priority needs, such as tents)
- » Diversify services to help people more effectively,
- » Provide trainings on child and adolescent well-being for volunteers and staff who will meet children (Safety concerns were raised when providing services to children),
- » Provide training on death and grief,
- » Provide trainings to identify the needs for specialized mental health services, as there may be difficulties in identifying needs,
- » Extend the support program provided for health personnel of the General Directorate of Public Health to Alo 183 personnel,
- » Develop differentiated approaches according to the group profile, considering the risk of peer bullying and social cohesion in the provinces where refugee groups are transferred,
- » Update the Red Crescent trainings, and revise the psychosocial support booklet (MoFSS underlined the need to be careful against the risk of the trainings losing their meaning and integrity),
- » Ensure the follow-up of the trainings provided in practice and strengthen internal audit mechanisms,
- » Provide psychosocial support to the personnel currently working in the disaster area and to the personnel working on rotation,
- » Further develop the supervision program for staff well-being,
- » Increase staff support as the staff is insufficient,

- » Ensure coordination of services in the field, bringing together existing resources (the need for more intensive coordination with NGOs was observed from field surveys)
- » Determine the working standards of accredited institutions (information on child safety codes of conduct should especially be provided for volunteers to prevent unintentional harm),
- » Implement in the field UN Zero Tolerance against Sexual Exploitation and Abuse rule, developed based on past experiences, and create mechanisms like the reporting mechanisms of UN organizations for NGOs,
- » Create ethical behavior reporting mechanisms,
- » Strengthen internal audit mechanisms of institutions
- » Establish and implement follow-up to a structured program,
- » Establish a separate guide for children and adolescents for the aftermath of the disaster (A guide was prepared by the MoFSS and it includes how public employees working in the earthquake zone, such as soldiers and police officers, should behave towards children)
- » Include modules on addiction to customized programs,
- » Consider using the “IASC Guidance, Addressing Suicide in Humanitarian Settings” prepared by IASC in 2022.

## **Recommendations**

- » Provincial child rights representatives' system can be utilized to provide peer-to-peer support in the field for adolescents. (It has been reported that there is joint work with UNICEF in this field and the MoFSS has asked UNICEF to accelerate this work).
- » Child-friendly spaces should be supported in collaboration with stakeholders such as the Turkish Red Crescent.
- » Providing support to the parents would be more effective to ensure children's wellbeing.
- » "Psychosocial support should be provided by considering the urgent needs in the earthquake zone (such as the provision of priority needs like tents).
- » A coordination mechanism can be established at local and national level to support access to specialized PSS services and to establish and strengthen the referral mechanism.
- » Measurable Standard Intervention Programs should be generalized.
- » A workshop should be organized for the revision of standard-oriented programs.
- » Training and supervision processes should be jointly planned with volunteer institutions for measurable joint intervention programs.
- » Trainings on child protection should be provided to those who may be in contact with children and adolescents at school, in places where psychosocial support is provided, in tent cities and in healthcare institutions.
- » Training modules such as "Youth Resilience", "Child Resilience", "PFA/ Psychologic First Aid", "I Support My Friend", "Adolescence Well Being", "Post Disaster Life Skills Development Program for Adolescents", "Post Disaster Psychologic Support Program (for children between the ages of 6-9; and 10-14)" should be offered to psychosocial support providers. Save the Children, Young Lives Foundation and WHO can cooperate in this regard.
- » Monitoring and evaluation systems must be established, and sustainability must be ensured.

# Vulnerable groups working group

## *Current situation and resources*

**R**egarding the access to psychosocial support services for vulnerable groups affected by the earthquake, it was stated that there is a security problem for vulnerable groups due to the proximity of the tents to each other. There is the risk of privacy and infectious diseases arising from the common use and inadequacy of toilet/bathroom areas in the field. It was stated that there are problems with access to medical equipment for individuals with disabilities and vulnerable groups as a result of the earthquake. Individuals in vulnerable groups staying outside tent cities do not benefit from the services and assistance provided in tent cities. There are problems with reaching earthquake victims who migrated to provinces outside the earthquake zones. Elderly and disabled individuals with limited mobility cannot benefit from the food and supplies distributed in tent cities. Caregivers of disabled or elderly people cannot leave their tents to meet their needs. Individuals are hesitant to apply to health institutions for mental health support, resulting in serious victimization. There are problems related to the safety of women and children subjected to violence and the control of individuals who have restraining orders due to violence. It is estimated that HIV-positive individuals may not be able to demand the supply of their medication due to fear of stigmatisation and their treatment may have been interrupted.

## *Needs and objectives*

The needs identified by the vulnerable groups working group and recommended actions to be taken are as follows:

- » Ensure security and coordination in tent cities,
- » Meet the orthotic and prosthetic needs of persons with disabilities,
- » Establish logistical infrastructure for on-site observation and conduct psychological needs assessments with mobile teams for the elderly and persons with disabilities,
- » Make infrastructure arrangements to increase the mobility of persons with disabilities in tent cities,
- » Carry out efforts to ensure access to medical equipment for persons who became disabled due to the earthquake,
- » Address the need for baby formula due to the declines in breastfeeding rates,
- » Supply bladder pads, bed protection covers, personal hygiene kits regularly,
- » Provide norm-compliant clothing,
- » Ensure that groups with health problems have access to appropriate food,
- » Create spaces for interactive group work among earthquake survivors,
- » Support people in the earthquake region to start working again,
- » Provide safe worshipping places in tent cities for people of different ethnicities and sects,
- » Follow-up of unregistered individuals with autism,
- » Provide psychosocial support to health workers deployed in the field.

## **Recommendations**

- » For the medical needs such as glasses and prosthesis partially paid by the state for earthquake victims, works should be carried out to amend the relevant legislation that will remove the earthquake victims' payment obligation.
- » Toilet and bathroom stalls should be increased and become gender segregated.
- » Containers with individual toilets/bathrooms should be provided.
- » Security units in tent cities should be increased.
- » Social service units should be established in tent cities and these units should keep archives to prevent loss of information and increase coordination. A social service worker from the relevant province should be assigned to these units.
- » Regulations should be made for therapy services to be performed by authorized professionals.
- » Necessary information on earthquake victims in 81 provinces should be collected in cooperation with the civil registry offices.
- » Cooperation should be established with relevant NGOs for home/tent care services.
- » Online trainings for psychosocial field support teams should be organized in a way that allows them to rest.
- » For the follow-up of individuals in need of special education and continuous psychosocial support, RAM and CMHC databases in the provinces in the earthquake zone should be integrated with the databases in other provinces.
- » The 183 hotlines should be actively used to prevent violence.
- » Psychosocial support should be customized for each province/district.
- » A ministry for each province should be selected to provide administrative leave support to the government employees working voluntarily in the field.

# Individuals in institutional care working group

## *Current situation and resources*

In the earthquake zone, 5,252 disabled and elderly individuals receive services from 66 disabled and elderly care institutions affiliated with the Ministry of Family and Social Services. A total of 1,666 persons with disabilities and elderly individuals, including 1,133 persons with disabilities and 533 elderly persons, were transferred to institutions affiliated with the Ministry in Adiyaman, Hatay, Kahramanmaraş, Malatya, and Gaziantep. In addition, a total of 1,157 citizens, including 253 elderly and 904 persons with disabilities, who were determined to be in need of care in the earthquake zone, were placed under protection and care in institutions affiliated with MoFSS in different provinces. The psychosocial support needs of persons with disabilities whose accommodation needs are met have increased due to their separation from their social environment, familiar places, and care staff they know.

The personnel of MoFSS working in the earthquake zone is also directly affected by the earthquake and need psychosocial support.

In addition to individuals with disabilities who benefit from institutional care, it has been experienced that individuals with disabilities who benefit from home care service or who do not benefit from this service but are cared for by their families also need psychosocial support in addition to basic needs such as accessible toilets, containers, and tents. Numerous requests for hearing aids from hearing-impaired individuals were also recorded. Under the coordination of the Ministry of Family and Social Services, a team of 120 people, consisting of sign language interpreters employed within the Ministry and sign language interpreters from different non-governmental organisations and individual volunteer sign language interpreters, has been working in the field since the first day of the earthquake to establish faster communication with hearing impaired earthquake victims and to meet their needs.

MoFSS and ASAM signed a protocol, and 300 personnel were sent to the earthquake zone together with search and rescue teams.

The needs of people with disabilities and elderly individuals affected by the earthquake are communicated to the 'Earthquake Support Line for People with Disabilities and Elderly Citizens' established by the Ministry of Family and Social Services by non-governmental organisations or by the disabled and elderly themselves, and in this way, the needs are tried to be solved quickly. To date, requests for food, evacuation, institutional care, wheelchairs, hearing aids, hygiene packages, medicines, etc. have been met through this WhatsApp line in cooperation with the relevant institutions and organisations. The process of meeting requests such as containers and battery-powered cars is still ongoing.

Individuals are still in need of tents, clothes, wheelchairs and telephones. Individuals are also in need of financial support, many people have lost all their assets and are able to meet their needs with support. The demand for institutional care is increasing due to the fact that families staying in the dormitories of Credit and Dormitories Institution have difficulty in caring for persons with disabilities due to the conditions of the dormitories, but it has been observed that the main request of the families with this demand is not institutional care, but the provision of conditions where they can take care of persons with disabilities.

## ***Needs and objectives***

The needs identified by the persons in institutional care working group and the recommended actions to be taken are as follows:

- » Take necessary measures to ensure the continuity of access to services for persons with disabilities and continuously meet the basic needs (nutrition, diapers, hearing aids and batteries, etc.) of persons with disabilities staying with their families,
- » Plan how to meet the psychosocial support needs of elderly and individuals with disabilities benefiting from institutional care,
- » Provide training and support services to the care personnel working within the Ministry of Family and Social Services and assign the personnel to the earthquake zone with short-term / temporary work,
- » Provide psychosocial support for personnel working in care institutions within the Ministry of Family and Social Services due to increased workload and traumatic experiences,
- » Open care homes for individuals with mental disabilities,
- » Determine the psychosocial support needs of elderly individuals who are transferred to a different organisation,
- » Provide conditions for families staying in dormitories of the Credit and Dormitories Institution to take care of their disabled and elderly relatives,
- » Develop a short-term care model for families requesting short-term institutional care or reorganise the duration of temporary guest care services in the existing short-term care model for earthquake-affected individuals.

## ***Recommendations***

- » In order to reduce the burden on care institutions under the Ministry of Family and Social Services, home care should be supported in cooperation with the Ministry of Health and the Ministry of Family and Social Services.
- » The needs of individuals for socialising and going out of shelter areas such as tent cities, containers, etc. should be met through active living centres.
- » Both ministerial and voluntary care workers and support staff should support home care.
- » In co-operation with the Ministry of Family and Social Services, the Ministry of Health and NGOs, home care support service should be continued with care staff in the region for those staying in containers and tents.
- » Accommodation should be provided for the personnel to be deployed in the earthquake zone.
- » A needs assessment study should be conducted for psychosocial support for the personnel working in special care centres in the provinces affected by the earthquake.
- » Psychosocial support services should be continued for women staying in women's guest houses and the staff working in these institutions.
- » The needs of special groups accommodating in women's guest houses should be identified.
- » Needs assessment activities in social service centres should be continued and supported.
- » Based on the fact that all groups of society are affected by this trauma, the possibilities of social therapy should be taken into consideration.
- » Psychologists, social workers and child development specialists working in institutions affiliated with the ministries and in the field should be supported psychosocially, necessary training needs should be met and necessary measures should be taken to increase the number of personnel in the field.
- » Projects should be designed after the needs assessment study is carried out.

# Specialized mental health services working group

## *Current situation and resources*

Considering the group of people affected by the earthquake in accessing specialised mental health services, it is stated that all hospitals in the field serve in field hospitals or, if their physical conditions are suitable, in their own buildings. Currently, psychosocial support has not yet reached some tents at all. One of the most important problems is that most of the people in tent cities are not aware of the primary and secondary mental health services provided, and even if they are, access to these services is inadequate. Difficulties in accessing psychiatry outpatient clinics from tent/container cities are being experienced (e.g. mothers not being able to leave their children in tents, lack of information about the public transportation system). Staff circulation occurs in PSD teams in container/tent cities and the flow of information cannot be realised regularly. Staff turnover in tents is also being experienced; therefore, the whereabouts of staff may not always be known. The managers lack information on the deployed personnel to carry out the necessary arrangements. This causes time and labor to go to waste. The lack of coordination in terms of referring people with problems to secondary care is an important problem. Finally, there are still problems with the validity of prescriptions written by staff assigned from private hospitals.

Health personnel living in the earthquake zone have accommodation problems. This is particularly a problem in Kahramanmaraş and Hatay. Many doctors working in the affected area have applied for transfer to other provinces. Compulsory service positions have been opened to sustainably meet the need for personnel, but accommodation needs are significant. Accommodation is also a problem for other assigned volunteers. This also applies to other volunteers who came to the field for psychosocial support efforts.

Specialized personnel should be deployed to the field considering the high number of people with suicidal risks.



## **Needs and objectives**

The needs identified by the specialized mental health services working group and the recommended actions to be taken are as follows:

- » Make the provision of psychosocial support and health services a priority in tent cities,
- » Provide information to the public about the services provided, and establish a permanent information dissemination system so that the public can receive information,
- » Create child-friendly spaces for mothers to benefit from mental health services and enable the MoFSS to take an active role in this regard,
- » Enable the health personnel directly affected by the earthquake to provide services by supporting them with appropriate living arrangements,
- » Ensure the coordination between social and health services through mobile services,
- » Provide customized plans for each city, as each city was affected in a different way and has different conditions,
- » Establishing a hub in tent cities with volunteers sent regularly and withdrawal of other organisations as MoH and MoFSS become able to provide appropriate working conditions,
- » Establish MoH's own primary mental health centers in tent cities,
- » Provide psychosocial support and accommodation for health personnel directly affected by the earthquake to be able to work actively, (There are accommodation opportunities in relatively less affected areas of Kahramanmaraş. These should be identified and utilized),
- » Implement programs such as training for staff and self-care for staff, like the work carried out after Van earthquake,
- » Identify places where mobile services are particularly necessary, and where people can go to the hospital,
- » Ensure the reintegration of health personnel,
- » Coordinate the volunteer assignments,
- » Ensure that volunteer assignments are organized from the same center (For example, volunteers can apply to their own provincial directorates and they can assigned only after that directorate informs the other provincial directorates about the assignments),
- » Establish a superior mechanism to ensure that institutions are in constant communication, not only in cases of compulsory need.

## **Recommendations**

- » MoH should establish its own primary care centers in tent cities.
- » Personnel would like to have safe spaces for sustainability issues. In the medium term, containers with suitable infrastructure can be built for the accommodation of personnel.
- » Experts in trauma should provide training and volunteers should be trained, and they should be assigned according to a program. Trainings provided to the personnel of the institutions should be supervised.
- » Child-friendly areas should be created for mothers to benefit from mental health services and the MoFSS should take an active role in this regard.
- » Stakeholders observed that there are accommodation opportunities in areas of Kahramanmaraş that were relatively less affected by the earthquake. These areas should be identified and utilized.
- » The gap between social services and health services should be solved by providing mobile services.
- » Volunteers should be assigned from the same center. For example, volunteers can apply to their own provincial directorates and they can assigned only after that directorate informs the other provincial directorates about the assignments.
- » A superior mechanism should be established to ensure that institutions are in constant communication, not only in case of mandatory need.

# Individuals under temporary protection working group

## *Current situation and resources*

The MoH has the necessary information on the location of individuals under temporary protection affected by the earthquake, but there are still difficulties in accessing these groups. Although official campsites are in place, everyone is on the move and the general environment is stressful in campsites. Türkiye is a disaster area as a whole as people are leaving their hometowns, with particularly high levels of mobility in Mersin, Antalya, and Konya. In Mersin, there are no regular campsites, the responsible institution is the Provincial Migration Administration, but services are disrupted due to its damaged building. In addition, some camps were severely damaged by the floods and there are problems in tracking and registration. There are problems in tracking and registration when the individuals under temporary protection leave the provinces where they are registered, and there is a need for information on what will happen when the 60-day period expires. Risks increase in areas where public institutions do not continue the necessary follow up. Communication and other issues are handled by referring those who apply to the Directorate of Migration Management to designated NGOs. One of the NGOs has been appointed as the coordinator, so there is a division of labor. There are Syrians who have difficulties in receiving services due to the differences between their registry provinces and the provinces that they have moved to. Syrian children's education has also been disrupted. In addition to children, especially adolescents need support in terms of future anxiety, future building, access to school, and suicide. There are families who do not want to send their children to the school buildings. Peer bullying has increased.

Privacy cannot be maintained in tent sites. The fact that men can go outside the camps, but women spend most of their time in the camps causes conflicts to escalate. Syrian physicians and nurses provide services within the scope of the Sihat project; however, since Turks and Syrians are now more intertwined, there are problems in placing Syrian physicians and nurses in areas where the Turkish population is higher. Since the housing problems of individuals under temporary protection have not been solved, mental health problems cannot be addressed. In fact, the earthquake has increased the already existing anxiety among individuals under temporary protection. The problem of access to health services is increasing. Syrian refugees are even more hesitant to apply to health services due to fear of discrimination. It has become difficult to follow up individuals who already have a mental health diagnosis and whose treatment is ongoing. Integrated services are required. Usually, only Syrians are thought of as individuals under temporary protection, but there are also other migrant communities. There are also conflicts among Syrians of different ethnicities. Unregistered individuals pose a high risk. The migration authority provides support to those who have lost their identity cards through mobile vehicles.

Language and cultural barriers affect people more than ever. The need for interpreters is higher than ever. In terms of services provided by institutions; some NGOs have a network of interpreters, and the MoH has a hotline where services can be received in different languages.

Now, institutions mostly provide services in the Hatay region, where the needs are acute. The large number of volunteers arriving without informing any institution or organization increases the lack of coordination.

The provinces with the least number of NGOs and humanitarian aid organizations are Adiyaman, Malatya and Kahramanmaraş. Although those who are aware that NGOs provide services and those who have used them in the past, still do the same, there is a wide range of access problems.

In addition to ASAM's 20 existing field offices, Hatay is used as the headquarters. Container cities are being established in Malatya, Kahramanmaraş and Adiyaman. Although the target group is refugees, the service providers do not discriminate. In addition to needs assessments, there are PSS tents and child-friendly areas. UNHCR and UNICEF are the main donors. It is expected that 300 more people to be employed in PSS work. CONCERN provides services through its partners in Malatya and Adiyaman, and itself in Şanlıurfa and Hatay. Hygiene kits, market cards, kitchen sets, blankets and tents are distributed. PSS services targeting children and adults will also start. Work is also being carried out on providing PSS services through mobile teams. GOAL has so far carried out activities within the scope of emergency response. Case management is being carried out for high-risk groups. Support to Life Association has established mobile teams including 1 psychologist, 2 social support workers and 1 social worker in Adiyaman, Hatay and Kahramanmaraş. Works are being carried to create portable session rooms and child-friendly spaces portable. PSS activities are carried out with the permission of the MoFSS. Kitchen items, hygiene, food, and newborn baby kits are being distributed. Necessary permission is obtained from the MoFSS for the personnel to carry out PSS group work.

UNHCR provides tents and hygiene kits in coordination with AFAD. It supports existing systems on PSS. The MoFSS is planning to provide PSS worker support, psychological first aid and training regarding children in collaboration with WHO. The WHO was providing home care services to 1500 families in 4 provinces before the earthquake and Syrian workers were providing services within the scope of a project. The devastation that will be experienced with the end of the project has been experienced at a higher level after the earthquake now.

The Psychiatric Association of Turkey established a PSS Support Network and involved NGOs in the field. Brochures in Kurdish, Arabic and Turkish were printed and distributed in the region by contacting the provincial directorates of public institutions. The number of applicants while providing services with a caravan in a region in a designated spot, the number of applicants was 60 people a day, but when the caravan relocated due to some issues, the number of applicants decreased to 15 people. The Psychiatric Association of Turkey issued an open call for anyone that were deployed to the field. The PSS support network has already helped 800 miners and 2000 AKUT officers in the past three weeks.

The MoH has started a pilot with WHO to support workers, but it will take time to cover all staff as turnover is very fast. The MoFSS is also working together with UNICEF and WHO. The Presidency's distance education platform is also used. In addition, needs assessments are being carried out.

WHH collaborates with the Turkish Psychological Association and has engaged around 800 field workers in structured support programs.

WHH conducts community-based needs assessments, which includes shelter, latrines, bathrooms, basic needs, and PSS, using IOM's TSS tools, which is a tool for camp management and enables monitoring and evaluation. This could also apply for organisations. It ensures that individuals also prioritise their own needs.

## ***Needs and objectives***

The needs identified by the individuals under temporary protection working group and the recommended actions to be taken are as follows:

- » Carry out efforts on access to basic services, including access to basic services for individuals under temporary protection, well-being of individuals and addressing needs from a broader perspective,
- » Mobilize mobile teams in Hatay for people who do not leave their own environment,
- » Establish cooperation between institutions,
- » Ensure that support in the region is sustainable,
- » Ensure PSS needs should not just focus on selected provinces and that the needs in other provinces are also taken into consideration,
- » Coordinate needs and distribution network by public institutions,
- » Ensure standardization in PSS services,
- » Cascade risk identification and make sure that everyone has the same information,
- » Ensure that a focal person is identified to prevent problems in task shifting and guidance due to the rapid rotation among the teams led by the Ministry.
- » Ensure that it is clear which institution works in which region,
- » Provide specialized support to address women's care burden,
- » Accredite NGOs that are not yet accredited and look into the reasons for not being accredited,
- » Ensure that the teams arriving and dispatched to the field are of the same standard and that PSS services are carried out in consensus,
- » Ensure that aid is distributed in a manner befitting human dignity,
- » Conduct focused group studies and works in which adolescents can be involved,
- » Eliminate physical security problems,
- » Monitor the school status of children who moved away from the earthquake zone,
- » Follow-up on the status of unaccompanied and separated children or children placed with their relatives,
- » Ensure that the MoFSS undertakes the standardization and optimization of content,
- » Include PSS support within the employment support for those who lost their jobs due to the earthquake.
- » Disseminate the same information everywhere, since each institution tries to reach the people in its own database, it is insufficient. Involve the Presidency of Migration Management on this issue. Utilize NGOs knowledgeable in reaching out to the local community and follow a balance among the migrant community.
- » Establish feedback mechanisms.
- » Set up tents that can act as condolence places since mourning is an important part of this process. Keep in mind that PSS will become even more important from now on. Include the loss of limbs, and disruption of routines, how to break the news of death to children and how to rebuild the society in PSS. Increase the psychological first aid support sessions for children that the MoFSS offers.
- » Clarify the working areas and map the community-based integrated mental health services.
- » The ministries should manage the process for clarifying demographic information.
- » Establish and maintain support groups.
- » Consider the safety of LGBTI+ individuals, and ensure continuity for those receiving health services.

## **Recommendations**

- » Institutions should exchange information.
- » The needs and distribution network should be coordinated by public institutions.
- » Risk identification should be done in a step-by-step manner, making sure that everyone has the same information.
- » A focal person should be identified in the provinces to overcome the problems experienced in task shifting and guidance due to the rapid rotation among the teams led by the Ministry.
- » Operating regions of institutions should be clarified.
- » Support to Life Association has a 360-degree training platform, and there are trainings on PSS, and a pool of trainers, including Arabic speakers. These resources can be used.
- » The safety of LGBTI+ individuals must be considered and the sustainability of health services must be discussed.
- » It is necessary to work on access to basic services, including access to basic services for individuals under temporary protection, their well-being and addressing their needs from a broader perspective.
- » Instead of focusing only on PSS needs in 6 provinces, the needs in other provinces should also be considered.
- » Focused group studies and works in which adolescents can be involved are needed.
- » Sustainable support groups should be established.
- » In terms of coordination and sustainability, MoFSS should carry out the processes of standardization and optimization of content.
- » The Presidency of Migration Management should support people who have lost their identity cards with issuance from mobile vehicles.
- » The Presidency of Migration Management should work on access to information. The NGOs that are knowledgeable in reaching out to the local community should be utilized and a balance within the migrant community should be established.
- » PSS will become even more important from now on. Include the loss of limbs, and disruption of routines, how to break the news of death to children and how to rebuild the society in PSS. Increase the psychological first aid support sessions for children that the MoFSS offers.
- » Tents that can serve as condolence houses should be set up.

# Support the supporters

## *Current situation and resources*

All working groups identified support to personnel in the field as an area of urgent need. Currently, organizations have initiated limited outreach activities for their own personnel. The MoH provided psychosocial support to the personnel, such as UMKE, health workers, fire brigade, police, and the military who supported the earthquake activities in the earthquake, and a team of 20 people was deployed for a period of 15 days. The MoH plans to expand the personnel support program in collaboration with WHO.

## 3-month activity plan

The working groups were asked to plan activities for three months according to the priorities they identified. The integrated activity plan can be seen in Table 1.

	Activity	Purpose/description	Suggested stakeholders	Application location	Time frame	
Coordination	Establishing coordination mechanisms at provincial level	Establish provincial level coordination mechanisms or expand already established coordination mechanisms to include earthquake response for information sharing, task allocation, joint determination of working procedures	Public institutions, local governments, NGOs, UN organizations, professional organizations	Şanlıurfa	As soon as possible	
	Integrating all stakeholders within the provincial level coordination bodies	Inviting institutions and organizations that provide services in the field, such as professional organizations and universities, to the meetings currently attended by public institutions, UN agencies and NGOs	Public institutions, local governments, NGOs, UN agencies, professional organizations	Gaziantep, Hatay, Kahramanmaraş, Adıyaman, Malatya	Continuous	
	Workshop / Focus group discussions follow-up / evaluation meetings	Organizing workshops together with experienced institutions/ organizations on specific topics	Relevant public institutions (MoFSS, MoH, Directorate of Migration Management), Relevant UN agencies (UNHCR, UNICEF, UNWOMEN, WHO, UNFPA, IOM, FAO), relevant NGOs and NGOs	Ankara	2- 10 weeks	

Table 1. 3-month activity plan

Identifying needs at local and national level	Conducting needs analysis	Conducting needs analysis in coordination with public institutions	Relevant public institutions (MoFSS, MoH, Presidency of Migration Management)	In 11 affected provinces and evacuation provinces to be determined	4-8 weeks	
	Identifying vulnerable groups at local level	Identifying vulnerable groups in tent cities, unorganized settlements, and other collective living spaces	Public institutions, local governments, UN agencies, NGOs, community leaders	11 provinces	Continuous	The group did not provide a recommended time frame
	Identifying the basic needs of vulnerable groups at local level	Identifying the needs of vulnerable groups in tent cities, unorganized settlements, and other collective living spaces	Public institutions, local governments, NGOs, UN agencies	11 provinces	Continuous	The group did not provide a recommended time frame
	Identifying the psychosocial support needs of elderly and persons with disabilities under institutional care (including special care)	Identifying the psychosocial support needs of persons with disabilities and elderly in institutional care who were transferred from the earthquake region to other institutions	MoFSS and MoH	Institutions in the provinces where people were transferred to	4 weeks	
	Identifying people whose care needs emerged after the earthquake or whose need for a care model changed	People who were cared for at home before the earthquake but who require institutional care after the earthquake, or who have an earthquake-induced disability, or the elderly who have an earthquake-induced need for care	MoFSS	Kahraman-maras, Adiyaman, Hatay, Malatya as priority and other affected provinces	3 months	
	Conducting access studies	Assessing access to services in line with community needs	Mukhtars, local administrators, opinion leaders, NGOs, MoFSS	Formal and in-formal living spaces	2 weeks	



Identification of resources	Human Resources	Identifying the necessary human resources available for psychosocial support and specialized mental health services for each province	MoFSS, MoH, NGOs, Professional organizations, UN agencies	11 provinces	4 weeks	
	Location, buildings, and vehicles	Identifying the list of places, buildings and facilities, and vehicles that can be used for psychosocial support and specialized mental health services	Public institutions, local governments, UN agencies, NGOs, community leaders	11 provinces	4 weeks	
	Service mapping	Identifying existing programs on psychosocial support and specialized mental health services for each province and sharing them on a platform accessible to all stakeholders. Including information on the services to be provided by the institutions, activities to be implemented in the field (activity at district- neighborhood level), institutional focal persons and contact information on this platform.	Public institutions, local governments, NGOs, UN agencies	11+70 provinces	Continuous	
	Identification of volunteer work	Identifying and grouping volunteer tasks to be able to share the work	NGOs	11 provinces	6 weeks	The group did not provide a recommended time frame
Strengthen areas of self- help and social support	Raising awareness and promoting well-being	By using different communication channels to raise awareness and promote positive coping methods and well-being providing information	All stakeholders	11 provinces and provinces where people were transferred	Continuous	
	Carrying out community-based psychosocial support activities	Establishing condolence houses, creating a memorial forest for mourning, etc.	The municipality, the forestry directorate, the community itself, NGOs	In suitable areas in each province	4 weeks	

General and focused services	Creating safe spaces for children and adults	Implementing group activities appropriate for children to support early childhood, and caregivers, and creating safe spaces to support groups at risk	MoFSS, Municipalities, AFAD, NGOs	11 provinces and provinces where people were transferred	2 weeks	
	Creating youth and adolescent friendly spaces	Creating safe areas by considering the needs and preferences of adolescents and young people	MoFSS, NGOs	The earthquake-affected areas, primarily Kahramanmaras, Adiyaman and Hatay other provinces	4 weeks	
	Creating a network of accessible psychosocial support services, considering the needs of vulnerable groups	Creating accessible psychosocial support areas by considering the needs of vulnerable groups, and planning sustainable mobile services	Public institutions, local governments, NGOs, UN agencies	11 provinces and provinces where people were transferred	4 weeks	
	Establishing structures such as community centers in container cities	Establishing structures such as community centers in container cities and carrying out activities for the coexistence of different cultures	Relevant public institutions, Relevant UN agencies, relevant NGOs	Provinces with container and tent cities	The group did not provide a recommended time frame	

Coordination	Establishing a coordination mechanism at provincial level	Establish provincial level coordination mechanisms or expand already established coordination mechanisms to include earthquake response for information sharing, task allocation, joint determination of working procedures	Public institutions, local governments, NGOs, UN organizations, professional organizations	Şanlıurfa	As soon as possible	
	Integrating all stakeholders within the provincial level coordination bodies	Inviting institutions and organizations that provide services in the field, such as professional organizations and universities, to the meetings currently attended by public institutions, UN agencies and NGOs	Public institutions, local governments, NGOs, UN agencies, professional organizations	Gaziantep, Hatay, Kahramanmaraş, Adıyaman, Malatya	Continuous	
	Workshop / Focus group discussions follow-up / evaluation meetings	Organizing workshops together with experienced institutions/organizations on specific topics	Relevant public institutions (MoFSS, MoH, Directorate of Migration Management), Relevant UN agencies (UNHCR, UNICEF, UNWOMEN, WHO, UNFPA, IOM, FAO), relevant NGOs and NGOs	Ankara	2-10 weeks	

<b>General and focused services</b>	<b>Training of interpreters and staff who will work in secure areas</b>	<b>Working with trauma and grief and risk assessment, referral, and translation</b>	<b>Professional organizations working in the field of MHPSS</b>	<b>In 11 provinces in communal living spaces</b>	<b>The group did not provide a recommended time frame</b>	
	<b>Involving service users in decision-making processes</b>	<b>Involving children in decision-making through the children's rights committee</b>	<b>Public institutions, civil society organizations, community members, local managers etc.</b>	<b>11 provinces</b>	<b>Continuous</b>	
	<b>Carrying out advocacy and self-advocacy activities</b>	<b>Carrying out advocacy activities at the central level through public institutions and funding agencies on the needs, challenges and possible solutions identified in the field</b>	<b>Public institutions, civil society organizations, universities, community members operating in the province under the leadership of a local organization, local authorities, etc.</b>	<b>Online platform/ Face-to-face</b>	<b>Regular/ When needed</b>	
	<b>Providing psychosocial support to those working in the earthquake zone</b>	<b>Disseminating psychosocial support programs for all those who go to the earthquake zone for support. Identifying trainers in this field</b>	<b>Public institutions, local governments, NGOs, UN organizations, professional organizations</b>	<b>81 provinces</b>	<b>As soon as possible</b>	
	<b>Meeting the accommodation needs of the assigned or transferred personnel</b>	<b>Meeting the accommodation needs of the assigned or transferred personnel</b>	<b>Public institutions, local governments, NGOs, UN organizations, professional organizations</b>	<b>The earthquake-affected regions, primarily Kahraman-maras, Adiyaman and Hatay other provinces</b>	<b>As soon as possible</b>	

<b>General and focused services</b>	<b>Training of translators and interpreters to work in secure areas</b>	<b>Working with trauma and grief and risk assessment, referral, and translation</b>	<b>Professional organizations working in the field of MHPSS</b>	<b>In 11 provinces in collective living spaces</b>	<b>The group did not provide a recommended time frame</b>	
	<b>Involving service users in decision-making processes</b>	<b>Involving children in decision-making through the child rights committee</b>	<b>Public institutions, civil society organizations, community members, local managers etc.</b>	<b>11 provinces</b>	<b>Continuous</b>	
	<b>Carrying out advocacy and self-advocacy activities</b>	<b>Carrying out advocacy activities at the central level through public institutions and funding agencies on the needs, challenges and possible solutions identified in the field</b>	<b>Under the leadership of a local organization, public institutions, non-governmental organizations, universities, community</b>	<b>Online platform / Face-to-face</b>	<b>Regular / When needed</b>	

<b>Advocacy</b>	<b>Involving service users in decision-making processes</b>	<b>Involving children in decision-making through the child rights committee</b>	Public institutions, civil society organizations, community members, local government producers, etc.	<b>11 provinces</b>	<b>Continuous</b>	
	<b>Carrying out advocacy and self-advocacy activities</b>	<b>Carrying out advocacy activities at the central level through public institutions and funding agencies on the needs, challenges and possible solutions identified in the field</b>	Public institutions, civil society organizations, universities, community members operating in the province under the leadership of a local organization, local authorities, etc.	<b>Online platform / Face-to-face</b>	<b>Regular / When needed</b>	

<b>Support for the personnel</b>	<b>Providing psychosocial support to personnel assigned to the earthquake zone</b>	<b>Disseminating psychosocial support programs for all those assigned to the earthquake zone for support. Identifying and training trainers in this area</b>	Public institutions, local governments, NGOs, UN agencies, professional organizations	<b>81 provinces</b>	<b>As soon as possible</b>	
	<b>Meeting the accommodation needs of the personnel who are assigned to the region and transferred to the region</b>	<b>Working on the accommodation needs of the assigned and transferred personnel</b>	Public institutions, local governments, NGOs, UN agencies, professional organizations	The earthquake-affected areas, primarily Kahraman-maras, Adiyaman and Hatay other provinces	<b>As soon as possible</b>	
	<b>Supporting working personnel about their dependents</b>	<b>Opening day-care centers and care units close to new working and living spaces, providing support for home care, and considering transitioning to a flexible working model</b>	Public institutions, local governments, Turkish Red Crescent	Provinces affected by the earthquake	<b>Starting in May 15 and continuing</b>	

<b>Monitoring and evaluation</b>	<b>Generalizing minimum standards and monitoring and evaluation in the field of mental health and psychosocial support</b>	<b>Providing trainings on minimum standards, encouraging institutions to participate in internal monitoring and evaluation and independent monitoring and evaluation activities, establishing/ operating an audit system</b>	<b>MoFSS and all other stakeholders</b>	<b>All provinces of operation</b>	<b>Continuous</b>	
	<b>Researching the impact of studies on well-being</b>	<b>Conducting measurement and evaluating to understand the impact of the work on well- being</b>	<b>All stakeholders</b>	<b>In every province / Collective living spaces</b>	<b>Week 10-12</b>	

# Annex 1. Training topics and modules proposed by the groups

## *Current situation and resources*

### **Children and adolescents working group**

- Psychological first aid training for children
- Dissemination of Positive Parenting Programs
- Save the Children CYRP/ ISMF/PwV Programs
- Children and Young People's Resilience Program
- Suicide Prevention Package
- I Support My Friend Program
- Nonviolent Parenting Program
- Peer Bullying Board Game
- Post-Disaster Life Skills Development Program for Adolescents
- Post-Disaster Psychosocial Support Program (for the age groups between the ages of 6-9 and 10-14)
- "Responsive Care"

### **Vulnerable groups working group**

- Privacy (for parents and children)
- Abuse
- Safe space
- Personal hygiene
- Grief counseling
- Peer bullying
- Disaster impact and normalization

### **Individuals under temporary protection working group**

- Psychological first aid training
- Orientation training (orientation, ethical principles, use of forms)
- Trauma and grief (adults and children)
- Peer bullying awareness training (for parents and teachers)
- Training for workers in child-friendly spaces
- Post-disaster risks training (violence, neglect, abuse, early marriage)
- Strengthening parental skills (according to developmental stages: preschool, school age and adolescent)
- Training on psychosocial support in social traumas and disasters
- Psychosocial support trainer training
- Training on working in the field of psychosocial support for the volunteer interpreter pool