

Creators of their future

A psychosocial programme for the earthquake area in Turkey

Contact information

Caroline Schlar, Psychosocial Delegate
International Federation's Turkey Delegation, Istanbul Office
Nüzhetiye Caddesi
Deryadil Sokak No.1
Besiktas, Istanbul 80690
Turkey
Tel.: +90 212 236 79 01
Fax: +90 212 236 77 11
Mobile: +90 532 508 69 09
E-mail: ifrctr28@ifrc.org

Background/history

North-western Turkey was struck by two strong earthquakes in 1999: the first, 7.4 on the Richter scale, occurred on 17 August, and the second, on 12 November, rated 7.2. The quakes left several million people homeless or otherwise affected, and official government figures put the number of deaths at 17,255 and 44,000 injured.

The earthquakes' socio-economic impact will be felt in Turkey for years to come. The country's infrastructure was severely damaged and the disasters have had a devastating effect on the lives of the affected population, who still face problems such as unemployment, physical disabilities and psychological trauma.

In the aftermath of large disasters, a majority of the affected population suffers from psychological reactions for longer than one month, which is the time span generally admitted as a normal period to recover from a traumatic event. Research has shown that, among populations who have lived through disasters, approximately 10 per cent of the affected individuals need specialized psychiatric or psychological treatment; 40 per cent have several serious symptoms interfering in their daily life; and 50 per cent seem capable of coping with the situation. However, the psychological effects of traumatic events may emerge months or even years after the person has been exposed to the disaster.

Turkish mental health specialists carried out an initial psychological support programme (PSP) assessment mission in November 1999, which showed that a majority of the affected population were suffering from trauma-related symptoms such as sleep disorders, nightmares, irritability, hyper-alertness, anxiety, acting and feeling as if the events were happening again, depressive moods and psychosomatic disorders. In August 2000, a survey of 21,000 people living in Avcilar, the area in Istanbul most affected by the first earthquake, confirmed that many people were still experiencing symptoms of post-traumatic stress disorder (PTSD) as well as depression, panic attacks, feelings of guilt, incoherent behaviour and excessive devotion to religious beliefs.

Following the November 1999 assessment mission, the International Federation and the Turkish Red Crescent Society (TRCS) agreed to set up and implement a broad community-based PSP, covering earthquake-affected areas in north-western Turkey.

A pilot PSP project was established in Avcilar in April 2000 and a PSP centre was opened there in August 2000. Another centre opened in Izmit in January 2001 and a third, in Düzce, will open in February 2001. These three areas were chosen as either no other psychosocial programmes exist there or the programme complements other national or international projects.

Objectives

- To promote psychological well-being within the communities affected by the 1999 earthquakes in north-western Turkey.
- To provide psychosocial support to the affected population either individually and/or collectively.
- To strengthen the existing resources of the individuals and their communities in the quake zones.
- To design new and original training programmes on psychosocial issues for motivated caregivers and volunteers.
- To prevent mental health problems by promoting a participatory approach, i.e., volunteers and professionals themselves will define the psychosocial needs and activities in their communities.
- To encourage the communities in the quake zones to be the creators of their own future.
- To develop PSP in cooperation with the TRCS.

Brief description of activities

The programme aimed at establishing four PSP centres in communities of the affected areas. Two have already been opened and one will do so in February 2001. The centres are to be focal points in providing community-based psychological support to the earthquake victims on an individual level as well as for different social groups.

Each centre will employ three professional PSP staff: a social worker and a psychologist recommended by the programme's coordination committee, and a public relations employee from the community, recommended by the local branch of the TRCS.

The social workers and psychologists organize and coordinate psychosocial activities with PSP volunteers. The public relations employee helps coordinate the activities of the centre as well as answering applicants' questions and other enquiries. The centres will concentrate on social, training and dissemination activities, rather than on counselling.

Major elements of the programme

- Some individual counselling is given. People are offered three counselling sessions which aim to assess their needs and, where possible, to refer them to support groups and other activities taking place in the centres. Setting up support groups for people with common problems is extremely important. A successful example was the establishment of a support

group for isolated women. A number of women without any social contacts were identified through the counselling service and then met regularly as a group at the centre. They now meet frequently in private, as is the custom in Turkey, and have thus been able to re-create a traditional support structure. They still visit the centre if they need help or information on other matters.

- Volunteers identify specific needs within the communities, and these form the basis of the centres' social activities. Examples include:
 - a group to prevent domestic violence and abuse (after the earthquakes, violence increased in the temporary settlements);
 - training to teach rescue techniques through practical experience, such as mountain climbing;
 - information about safe building techniques and legal issues;
 - first-aid courses;
 - youth groups; and
 - groups for parents of adolescents.
- Training courses are conducted by members of *Appartenances* (a Swiss non-governmental organization (NGO) experienced in community psychology) and the Turkish Psychologists Association, which was very active immediately after the earthquakes. Subjects covered in the training courses are prevention of mental trauma, psychological issues in disaster management and primary psychosocial intervention in the community. Emphasis is on building a participatory approach which allows participants to identify the psychosocial needs and concerns in the communities they live and work in, and to set up relevant activities to help deal with them. Participants also learn how to pass on their skills to the community's various social groups and how to use networks and referral.
- Trained PSP staff and volunteers help community members become aware of the resources of their own community. They can also teach them self-help strategies that help them support each other in difficult situations and thus increase the community's coping systems.
- The PSP also aims at teaching caregivers how to take care of themselves when working with their traumatized communities. This is particularly important to prevent caregivers suffering from "burn out" and vicarious traumatization.

Partnerships and alliances

A coordinating committee, charged with organizing the training programme and monitoring the centres and their staff, meets monthly. The committee is made up of members of the Turkish Society for Protection and Social Services for Children, the Turkish Psychologists Association and the TRCS.

The International Federation's PSP delegate maintains a close contact with participating National Societies operating in Turkey, particularly the German Red Cross which is currently implementing a psychological support programme in Yeniköy/Izmit. Organizations such as the United Nations Development Programme and UNICEF have been contacted in order to coordinate efforts and to make sure that the International Federation's programme is complementary to others.

When planning to establish a centre, the programme contacts local authorities and local NGOs active in humanitarian, psychosocial and health issues. This is important as it reinforces local networks, encourages exchanges and helps acquaint local communities with the objectives of the PSP.

Monitoring and evaluation

The International Federation's psychosocial delegate supervises the management of the centres, with the coordinating committee providing additional support and supervision.

The PSP team and trainees hold meetings twice a month to discuss individual and group psychosocial projects. A monthly report on the number of people visiting the centre and why, and the number and type of activities offered is available in every PSP centre. Annual reports will also be prepared. Participants will be asked to complete a written evaluation of their basic training once completed. So far, two training modules have been held in Avcilar, and the verbal evaluations of participants have been very positive.

An external evaluation of the impact of the programme has been scheduled once the four PSP centres have been established.

The future

Since the beginning of the project, the PSP has stressed the importance of handing over the four PSP centres to the TRCS after three years of International Federation support. The centres will by then have a well-functioning infrastructure to ensure sustainability and their positive impact in the communities will demonstrate the necessity and benefit of PSP centres.

In December 2000, a programme agreement between the International Federation and TRCS was signed. The agreement clearly outlines the modalities of handing over the management of the four centres and their personnel to the TRCS. Discussions are under way to merge the International Federation's PSP team and its social welfare programme as they carry out similar activities in Turkey. They are working on an innovative joint pilot programme for psychological and social support. Had this collaboration been set up at an earlier stage, a better use of resources would probably have resulted.

Lessons learned

- In Turkey, social services generally worked only with children and the elderly. Psychological care and psychotherapies have only recently become available, are expensive and are found mainly in the cities of western Turkey. It is important, therefore, that any project be designed with this reality in mind and be adapted to existing resources and available personnel. PSP in Turkey, therefore, concentrates more on counselling and preventive psychosocial activities within the community than on psychological treatment, which requires highly specialized personnel. This does not mean, however, that experts on disaster-related trauma cannot be found in Turkey and it was considered important that specialists from the Turkish Association of Psychologists train the volunteers. The association was invited to collaborate in the basic training with the Swiss NGO *Appartenances*. As mental health prevention within the community is a new approach, it would have been useful to work more closely with the Turkish Association of Psychologists when preparing the training to elaborate a common training programme and methodology more suited to local professionals.
- In working with community volunteers, the interactive learning process of the participatory approach was very important. The PSP took as a basic assumption that

community members knew what they wanted to do to improve their quality of life. Therefore, training local volunteers, who are familiar with the mentality and the culture of the communities, made it easier for the programme to identify the real needs of the local population.

- In both Avcilar and Izmit, some volunteers dropped out of the project after having completed their training. Research around the world has shown that this is the case for some 30 per cent of trained volunteers. The programme should have taken account of this fact from the outset. To offset the departure of some volunteers, fully trained PSP members active in the programme since the beginning are considered “core” volunteers and the programme is now studying the possibility of a shorter training period for new volunteers who would then work with the “core” members. This should make it possible to have a more flexible pool of trained volunteers available.
- In working with local volunteers, the programme realized it had to go out and meet people where they are and present the programme to them in a way they could understand. People newly involved in psychosocial activities need time to learn and should not be pushed to progress too far, too quickly. It takes a while to change one’s attitudes in order to be better equipped to help others.
- At first, the programme considered using prefabricated buildings for the PSP centres. But the temporary appearance of this sort of construction reminded people too much of the instability following the earthquakes, and did not convey the idea that the centre was a long-term operation. Also, many people were still terrified of going into any building in the months after the quakes. To set these fears to rest, the centres were set up in buildings that had withstood the earthquakes and were checked for safety. These aspects should be taken into consideration when establishing centres in earthquake-devastated zones, but it has to be remembered that it is not always easy to find safe buildings in these areas.
- Since the earthquake, it has been widely admitted that many people suffer from psychological problems in Turkey. The disaster was an “eye-opener” on this issue. Without underestimating the devastating effects of such an event, it has to be remembered that many other factors may have a cumulative effect on psychological problems in Turkey and elsewhere. Such factors include the considerable challenges faced by these countries in their health, education and social services.