

REVIEW

Psychosocial Interventions in Emergency Periods of Disasters

Afetlerin Acil Dönemlerinde Uygulanan Psikososyal Müdahaleler

¹Zeynep Çalıř , ²Hazan Tomar Bozkurt , ¹Kürřat Altınbař , ¹Memduha Aydın 

¹Selcuk University, Faculty of Medicine,
Department of Psychiatry
²Erzurum Regional Training and Research
Hospital Psychiatry Clinic

Correspondence

Zeynep Çalıř, Selcuk University, Faculty
of Medicine, Department of Psychiatry

E-Mail: aydinzeynep8@hotmail.com

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ABSTRACT

Disasters of natural origin, man-made and technological disasters are one of the current issues that always exist in our lives. Disasters are frequently heard on the world agenda and their negative effects on society are discussed. Recently, the Covid-19 Pandemic has been on the agenda of the whole world as a global disaster and its effects are still ongoing. The unexpected, sudden, uncontrollable nature of disasters that threaten our lives is accepted as a traumatic experience with the effect of psychological destruction. Psychosocial interventions have an important place in mental health services as well as meeting the basic physical needs of people who have experienced disasters and are trying to hold on to life after the disaster. The purpose of this review; is to explain the psychosocial interventions that can be applied in the emergency periods of disasters and for people who have experienced the disaster.

Keywords: Disasters, Disaster Dimension of Outbreaks, Trauma, Emergency Period Psychosocial Interventions

ÖZ

Doğal kaynaklı, insan eliyle gerçekleştirilen ve teknolojik yolla oluşan afetler hayatımızda hep var olan güncel konulardan biridir. Afetleri dünya gündeminde çok sık duyulmakta ve toplum üzerinde oluşturduğu olumsuz etkileri konuşulmaktadır. Son zamanlarda ise Covid-19 salgını tüm dünyanın gündeminde küresel bir afet olarak yer almakta ve etkileri halen sürmektedir. Afetlerin beklenmedik, ani, kontrol edilemez oluşu ve yaşamımızda bir tehdit oluşturması ruhsal bir yıkım etkisiyle beraber travmatik yaşantı olarak kabul edilmektedir. Afet sonrası afeti yaşamış ve hayata tutunmaya çalışan kişilerin temel fiziksel ihtiyaçlarının karşılanması yanı sıra psikososyal müdahalelerde bulunulması da ruh sağlığı hizmetleri açısından önemli bir yere sahiptir. Bu derlemenin amacı; afetlerin acil dönemlerinde ve afeti yaşayan kişilere yönelik uygulanabilecek psikososyal müdahalelerin açıklanmasıdır.

Anahtar Kelimeler: Afetler, Salgınların Afet Boyut, Travma, Acil dönem Psikososyal Müdahaleler

Introduction

Disasters create shocking effects by creating social problems rather than individual problems. For this reason, there are multiple definitions of disasters. Disasters are defined as the whole of events that cause deterioration in the ecological balance, increase the rate of loss of life and injury, cause mental and physical destruction, and cause destructive effects in the lives of individuals and societies. Although disasters are divided into two, they are also divided among themselves. The first of these are human or technological disasters that include war, terror, rape, armed attacked, chemical or nuclear attacked, disasters type of performed by voluntary (intentional), land, air, sea transportation accidents, home or work accidents as the type of non-voluntary disasters. The second of these includes natural disasters such as earthquakes, floods, epidemics, hurricanes, tornadoes, and forest fires (1). In addition, there have been epidemics such as SARS and MERS, which have affected the whole world from the past to the present and have horrible consequences. So, how has the Covid-19 Pandemic, which the whole world has faced in recent years, affected individuals and what changes did it cause in their lives? Pandemic affect both the physical and psychological health of individuals (2). In addition to

those who directly experienced the disaster, families and relatives of the disaster victims, those who witnessed the event through media communication tools, professionals who helped the disaster victims, and those who continued their treatment due to health problems were affected more than the disasters (3). In addition to those who form a risk group by being exposed to any of the other types of disasters, they are health workers who play a role in the fight against the pandemic by making close contact with someone infected with the Covid-19 Pandemic and carrying the risk of contagion (2). In the Covid-19 Pandemic, no matter what type of disaster people are exposed to, they both experience negative effects as a traumatic life event and it has been observed that the risk of traumatic experience increases due to the frequency of exposure to disasters (1).

Epidemic and Disaster Extent

Like other types of disasters, epidemics have created breaking points all over the world. When we look at the world in general, while other types of disasters cause regional consequences, epidemics such as Covid-19 have affected the history of humanity, causing global consequences. Disasters have caused

negative effects for humanity in terms of physical, economic and psycho-social aspects, sometimes regionally and sometimes globally (4). The Covid-19 Pandemic is a natural disaster that emerged in December 2019 and has been on the agenda of the whole world since January 2020. The Covid-19 Pandemic is a global disaster because it affects the whole world, not a single region; the cause of its emergence is unknown; it causes economic losses, negatively affects human health and life, and causes deterioration in health services (5). Due to the high negative effects of the Covid-19 Pandemic on human life, both the administrations and the public had to take precautions and make radical changes in their lives (6). In difficult life events such as an epidemic, individuals want to know that they are safe and that risky situations are under control. The unknown cause of the epidemic, the increase in the number of cases, and the death rate day by day caused psychological reactions such as fear, anxiety and stress in individuals. Of course, it caused not only psychological reactions but also health problems (2).

Epidemics are causes of concern. During the epidemic, the individual is psychologically stressed due to variables such as being inadequate in terms of needs such as security, nutrition and shelter, obtaining incomplete and incorrect information about the epidemic, the feeling of loneliness intensely with the prolongation of the quarantine period, and experiencing material and moral losses and experiences anxiety with the epidemic. With the Covid-19 Pandemic, it is very natural to experience worry, anxiety, fear, and panic by thinking about ourselves, our families and everyone else who is facing this epidemic. However, with the Covid-19 Pandemic, normal life has come to a stopping point with the isolation and quarantine processes; the cause of the virus is not known, all individuals are at risk, many workplaces are closed, most employees are dismissed, the density in health services, travel restrictions, switching to distance education have deeply affected the mental health of individuals and the Covid-19 Pandemic has turned into a global trauma (7). Psychological reactions that were expected to emerge immediately after the trauma began to be seen with the epidemic. Emotions such as helplessness, fear, hopelessness, and anxiety which are dominated by uncertainties and fear of losing health have become an epidemic (2).

Trauma

Trauma; it is a set of situations that give a shock people's perception of themselves, the world and their environment, causes disharmony in the harmonious and consistent mental structure, disrupt their basic functionality and make life meaningless (8). Every disaster experienced may not cause a traumatic life event. Whether a disaster causes trauma or not first includes the form of the event, namely the risk groups (the event may have happened to the person, the person may have witnessed the event, one of the person's family members or close environment may have experienced this situation); secondly, it determines

the severity of the situation experienced (deaths, serious injury or abuse) (9). According to data from the World Adult Mental Health surveys, 9% of respondents to collective violence, 17% to interpersonal violence, 26% to witnessing violence, 23% to sexual or partner violence, 36% to accidents or injuries, and 4% to other types of trauma. Considering all these traumas, it was stated that 70% of the participants had at least one type of traumatic experience. With these data, it is possible to see that trauma is commonly experienced all over the world (10). So how are things in the Covid-19 Pandemic? Due to the continuation of the epidemic, both its psychological effects and studies related to the epidemic continue. Therefore, sufficient information about the epidemic has not been reached. However, according to a survey study conducted in Italy, 20.8% of the participants had anxiety symptoms, 17.3% had depression symptoms, 37% had post-traumatic stress symptoms, 7.3% had sleep problems, 21.8% had high perceived stress levels, 22.9% had adjustment disorder (11). The possibility of experiencing this traumatic situation, directly or indirectly, is related to the unexpected, uncontrollable, life-threatening and negative perception of the event they are exposed to (12). At the same time, after the disaster, the person may experience the psychological effects of the disaster intensely or it may cause the repetition of the person's past mental problems. This may depend on the person's strength to mental distress whether they have a strong social environment, and their reactions to the losses they have witnessed directly or indirectly (13).

Psychological Effects of Disasters

Although we know the concept of disaster, it is a foreign term to our self-fiction. Because we generally think that the probability of both ourselves and our close environment to experiencing a disaster event is low. People have the perception that the world they live in is reliable and that they can sustain their lives in line with their basic assumptions (1). As a result of the traumatic events they encounter, this perception that has always existed in their egos is destroyed. Thus, the person begins to find the world that he/she finds safe to be unsafe, and he/she thinks that the events that s/he thought would not happen to him/her are now possible. In short, traumatic life events cause changes in the person's belief system (12). In the study of the Turkish Red Crescent, in which the Efficiency of Psychosocial Services in Disasters After the 2005 Pakistan Earthquake was examined, it was stated that people who were exposed to disasters could experience the traumatic life event in different ways and different psychological reactions caused by the disaster could occur (14). When the psychological consequences of epidemics, such as disasters in the world are investigated, it is seen that the reactions given are similar, but the intervention to be applied is difficult due to the social distance rule (11). Because it has been seen that the risk of transmission as a result of contact in the Covid-19 Pandemic is high. In order to minimize and control this risk, we need to increase

our psychological resilience. When looking at how disasters affect an individual's psychological state, it has been observed that they especially damage the individual's familial, social and social relations, emotional, cognitive and behavioural functionality. Emotional, cognitive, physical and social reactions occur with disasters and then changes are observed in the reactions depending on the duration.

Let us briefly take a look these processes:

Shock period: It covers the period within the first 24 hours after the disaster. It is a period in which the person is not fully aware of the event he/she is experiencing.

Reaction period: Occurs in 2-6 days. It is the period when the person realizes the event that he/she has lost his/her mind or thought he/she might miss.

Mental processing and consideration period: It covers the period from the first week to the first month. It is a time of intense emotional intensity.

Recovery and reacclimatise period: It covers the period of a month and beyond. It is the period in which it is adopted that the disaster exists in the natural flow of life (15).

In addition to the reactions given above, after epidemics such as Covid-19, with spiritual elements, worry, panic and anxiety;

- fear of getting sick and dying
- avoiding applying to hospitals for necessary treatments
- fear of quarantine
- fear of being fired
- fear of being away from or losing relatives due to the epidemic
- there is variation in the reactions given, such as feeling lonely, helpless and distressed due to isolation (16).

With these reactions, psychological problems have increased and the number of people affected has increased (17).

Emergency Psychosocial Interventions

Psychosocial interventions are one of the most important steps of post-disaster recovery activities. Although disasters are caused by natural origin, man-made and technological origin, the results of disasters are gathered on a common denominator. Psychosocial interventions include interventions aimed at preventing psychological distress that may be caused by disasters, reinforcing social structure and relationships, facilitating the adaptation to the new life cycle by increasing the awareness of the person, and improving the skills to cope with difficult life events that are likely to be experienced again. In addition, psychosocial interventions support the recovery process of disaster survivors. Therefore, it is necessary to evaluate the intervention systems as a whole (18).

We emphasized the importance of post-disaster psychosocial interventions in terms of mental health services. The Turkish Red Crescent Psychosocial Support Practice Guide in Disasters, emphasized that emergency psychosocial interventions do not include psychological or psychiatric treatment, nor are they therapy method applied to mental and physical disorders (19). Post-disaster psychosocial interventions are only a supportive element. Negative life events deeply affect a certain part of society. This is where the importance of psychosocial interventions comes into play. Because, with the interventions made in the emergency period, the psychological/psychiatric problems that occur in people are prevented from becoming chronic and their coping skills are strengthened. Psychosocial interventions are both individual and community-focused. For this reason, it is aimed to both minimize the chronicity of psychological problems by intervening with psychosocial interventions and to accelerate the transition to the normal life process by improving the social structure (1). If we list the tools we need to use to achieve this purpose and ensure the planned progress of the services provided, these are;

- needs and resource assessment
- psychological first aid
- mobilizing the community
- referral and orientation
- employee support
- planning of sustainable long-term studies
- creation of an information centre
- education (20).

Regardless of what type of disaster a person is exposed to, the impact of the traumatic event differs and he/she may need different types of support. It is important to determine and provide the physical, psychological and social needs of the person instead of applying a psychosocial intervention to the person first, and then to applying an appropriate intervention to the person (Figure 1.) (21).

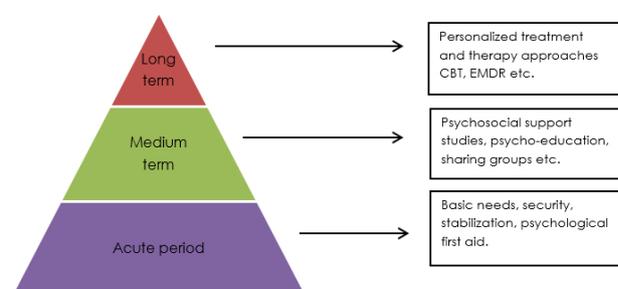


Figure 1. The place of psychological first aid in the psychosocial service pyramid.

Considering this situation, the services provided; are diversified as acute period, mid-term and long-term.

If we place these three periods in a pyramid, the first intervention after a disaster is the applications in the acute period (Figure 1.) (3). Before moving on to the support given in the acute period, if we briefly talk about the medium and long-term psychosocial services in the pyramid; while mid-term psycho-education and empowerment programs are organized, long-term include studies that are carried out by specialists in the field of mental health, focusing on the person and the event that the person is exposed to (Figure 1.) (22). Mid-term; covers the period when psychological first aid is not sufficient. It is the period in which the person is taught how to cope when they are worried or experience a stressful event rather than the appropriate interventions to be applied. In short, by giving the person coping skills, it is ensured that the sense of control lost in the face of an emergency is regained. This situation can also be supported by social projects, psychosocial support activities, with mass ceremonies for healing, with mourning ceremonies, with formal and non-formal education activities, with supportive parenting programs and sharing groups. Long term, it includes psychological or psychiatric support administered by specialists to people with severe mental disorders. In other words, if the person's mental problems continue despite the support applied in the mid-term and still has difficulty performing her daily activities, s/he should be referred to the necessary health institutions. In addition, those who provide basic/general health services to these people should be given long-term training and surveillance support. In this period, a personal intervention should be made by making a one-to-one interview with the person by allocating private time (Figure 1.) (21). Acute period; it is the period in which basic and security needs are tried to be provided, which starts immediately after the disaster (between 1-3 weeks or 1 week), regardless of which type of disaster one is exposed to (22). As previously stated, traumatic life events cause changes in people's belief systems. Immediately after the disaster, the feeling of trust is replaced by the feeling of insecurity and experiences the first basic feeling. Along with the feeling of insecurity, many emotions such as fear, anxiety, anger, hopelessness, loss of control also emerge. In addition to providing the basic needs of people exposed to a traumatic event in the acute period, it is aimed to instill a sense of trust and hope. In this process, in which these feelings are experienced intensely, the importance of support in the acute period becomes apparent (1). In the acute period, the goal is to provide appropriate, flexible and basic assistance based on symptoms. In this period, it is possible to observe the distress of people who have been exposed to disasters, in which areas they have trouble, and to determine an appropriate intervention method for them by making good observations in the environment (23). One of the services provided in the acute period is the need and resource assessment while the other is Psychological First Aid (PFA), which starts right after the assessment. Regardless of what type of disaster the person is exposed to, it aims to minimize the event's negative effects with

PFA and improve functionality by activating coping mechanisms. Rather than making a diagnosis based on the symptoms, PFA is to inform the person about the reactions that occur in people, to inform them, to comfort them, to support their normalization, and to prevent the reactions from becoming chronic and spreading over the long term (24). While following this path, principles such as rebuilding the sense of trust, providing calmness, instilling the sense of self-sufficiency and social competence, ensuring the development of the sense of connectedness and giving hope are used. PFA's features, such as being used in every environment where disasters occur, being practical, short application period, being able to be used by making arrangements according to cultural differences, not needing to be applied by professional people are among the reasons for PFA to be preferred (25). PFA can be applied both individually and in groups, as well as by informing with brochures, using media-communication tools and organizing seminars (26).

Three main principles were followed while implementing the PFA:

1. Monitoring phase
 - Checking if people are safe
 - Checking whether basic needs are provided
 - Identifying people with mental distress
2. Listening phase
 - Identifying and observing people who may need support
 - Determine what their needs are
 - Supporting people to calm down by listening
3. Guidance phase
 - Directing them to the right services in line with their needs
 - Providing accurate information about the situation
 - Supporting their coping skills
 - Providing the necessary guidance so that they can communicate with their relatives and receive social support (27).

As mentioned in the section on the psychological effects of disasters, it is explained that the reactions given in epidemics such as disasters are similar, but there are difficulties in psychosocial intervention programs due to the risk of virus transmission (11). During the epidemic, measures were taken to protect mental health:

- Online service was started to continue the psychological help system
- In all countries where the epidemic occurred, online therapy services, personal help books and resources were allowed to be accessed free of charge

over the internet, and an open helpline that can be reached 24/7 was started (17)

- There has been an increase in psychological problems with the epidemic, and strategies, including general health policies, have been determined to cope with these psychological problems.

There has been an increase in psychological problems with the epidemic, and strategies, including general health policies, have been determined to cope with these psychological problems. These; to obtain scientific, concrete and realistic information about the epidemic and to limit access to this information in order to prevent and recover from psychological stress, anxiety and panic; to learn and apply methods to prevent the epidemic; it is thought that strategies such as caring about our health, reconsidering the negative thoughts in our minds, knowing that the emotions we experience are normal and that this is a temporary process, and taking time for ourselves to get away from negative emotions will help individuals. In addition to these, there are many methods that can be applied to cope with the epidemic. However, it is thought that supporting the individual with problem-focused/active coping methods such as the need for social support, optimism and self-confidence will help the individual to overcome this process more easily in order to overcome the epidemic process without reaching the disease level and without developing psychological disorders (28).

Points to be Considered

It is known that people who have been exposed to traumatic events go through a sensitive period and are mentally vulnerable. In addition to the basic needs of the affected people such as nutrition, shelter, and reaching their relatives in the acute period, providing medical treatment and feeling safe, if necessary, is considered one of the most important and priority psychosocial interventions (18). While providing these services:

- Information should be given in a clear and understandable way while expressing that various psychological reactions, changes in sleep and appetite routines can be expected and encouraging the process of getting help
- Immediately after the disaster, risk groups should be determined and included in the assessment plan
- Persons directly exposed to the disaster should be evaluated within the first week
- All kinds of discrimination and differences should be approached with respect and sensitivity
- While providing support, these principles should be considered regardless of their age, gender and ethnic background
- Care should be taken not to recommend any psychotropic drugs for the first 48 hours
- Psychosocial studies applied in the field,

should not be used in a scientific research (24).

In addition to the above, about the points to be considered during the Covid-19 Pandemic process:

- Due to the increase in working hours of health workers and the fear, anxiety and anxiety they experience, environments where they can work in a safe and healthy way should be arranged
- In this process, municipalities, non-governmental organizations, foundations and associations have a great responsibility. Training, activities, and projects should be organized to increase awareness (16).
- Eliminating the lack of information in healthcare workers and providing them with complete personal protective equipment
- Planning and providing necessary health services to those who have mental illness and need inpatient or outpatient treatment in this period when the fight against the epidemic continues
- In order to protect the mental health of the community, comprehensible, appropriate, concrete and realistic information should be given by psychiatrists (29).

Conclusion

It is known that the probability of being exposed to traumatic events is high in Türkiye as well as all over the world. Therefore, early psychosocial interventions should be among the priorities of mental health services. Early interventions applied immediately after disasters accelerate the transition process of both individuals and societies to normal life and enable them to make the best use of the resources created. Immediately after disasters, first of all, risk groups should be determined, sources of need should be evaluated and necessary intervention methods should be applied. It is not enough just to apply these methods, and it is necessary to follow up to observe their effectiveness.

Epidemics, one of the types of disasters in the history of the world, have also caused breaking points. Due to the epidemic, as the individual distances himself/herself from his/her loved ones, worries about the health of his/her relatives, stays in quarantine, lengthens the isolation period, experiences fear of death and separation, it has been adversely affected psychologically and has caused the individual to show different reactions. No matter what type of disaster we are exposed to, we should be aware that disasters are a fact of our lives and a possible event. By creating the necessary intervention programs in this direction, we can prevent psychological-based problems that may occur. Considering the risk groups, it is necessary to develop and re-plan awareness-based studies, coping strategies and social support methods, and focus on studies in this direction. Finally, interventions should be given in line with the prescribed principles to increase satisfaction with the interventions given to individuals and societies after the disaster. Mental

health services can be made permanent as long as researches on disasters and field practices are carried out within the framework of the right principles.

Author Contributions

Conception: Z.Ç., Data Collection and Processing: Z.Ç., Design: Z.Ç., H.T.B., Supervision: K.A., M.A., Analysis and Interpretation: Z.Ç., H.T.B., Literature Review: Z.Ç., Writer: Z.Ç., Critical Review: K.A., M.A.

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