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To cite this article: Hande Albayrak , Ozan Selçuk, Bekir Güzel & Görkem Kelebek Küçükarslan (2026) Struggles in providing psychosocial support services to survivors of the Kahramanmaraş earthquakes from professionals' experiences, European Journal of Psychotraumatology, 17:1, 2685932, DOI: [10.1080/20008066.2026.2685932](https://doi.org/10.1080/20008066.2026.2685932)

To link to this article: <https://doi.org/10.1080/20008066.2026.2685932>



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Published online: 07 Jul 2026.



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BASIC RESEARCH ARTICLE



Struggles in providing psychosocial support services to survivors of the Kahramanmaraş earthquakes from professionals' experiences

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ABSTRACT

Background: On 6 February 2023, the Kahramanmaraş earthquakes created a severe crisis, underscoring the essential yet challenging role of psychosocial support (PSS). This study explores how PSS professionals identified and addressed survivors' needs, as well as the operational struggles professionals encountered during the disaster response phase.

Methods: A qualitative descriptive study, following the COREQ guidelines, in-depth semi-structured interviews were conducted with 30 PSS professionals across four severely affected provinces (Kahramanmaraş, Malatya, Gaziantep, and Hatay). Reflexive thematic analysis revealed that psychosocial distress stemmed not only from acute traumatic experiences but also from environmental insecurities in tent and container cities, including the risks of violence, abuse, neglect, inadequate care, and poor hygiene.

Results: The results indicate that psychosocial distress is not only an immediate impact of traumatic experiences, but also a major manifestation of the environmental insecurities (such as abuse, violence, neglect, care, and hygiene) and societal fragmentation in the shelter environments. The results highlight the rising prevalence of acute stress disorders among survivors, increased domestic tensions, and the consolidation of traditional gender roles. This has a disproportionate effect on women's well-being and on the access to caring for older adults and persons with disabilities. Despite the committed efforts of PSS professionals, systemic limitations – such as short-term staffing, limited coordination, and insufficient infrastructure – restricted service effectiveness.

Conclusions: The complexity of providing effective PSS in disaster situations has become even more apparent due to inadequate resource allocation, logistical problems, and major administrative challenges. This study calls for well-coordinated and gender- and culture-sensitive psychosocial interventions and the involvement of well-resourced institutions and organizations to enhance the effectiveness of disaster response.

Dificultades en la prestación de servicios de apoyo psicosocial a los sobrevivientes de los terremotos de Kahramanmaraş: experiencias de profesionales

Antecedentes: El 6 de febrero de 2023, los terremotos de Kahramanmaraş provocaron una grave crisis, poniendo de manifiesto el papel esencial, aunque complejo, del apoyo psicosocial (PSS por sus siglas en inglés). El presente estudio explora cómo los profesionales del PSS identificaron y abordaron las necesidades de los sobrevivientes, así como las dificultades operativas que enfrentaron durante la fase de respuesta al desastre.

Métodos: Se realizó un estudio cualitativo descriptivo, siguiendo las directrices COREQ, mediante entrevistas semiestructuradas en profundidad con 30 profesionales del PSS en cuatro provincias gravemente afectadas (Kahramanmaraş, Malatya, Gaziantep y Hatay). El análisis temático reflexivo reveló que el malestar psicosocial no solo se derivó de experiencias traumáticas agudas, sino también de la inseguridad ambiental en los asentamientos temporales de tiendas de campaña y contenedores, incluyendo riesgos de violencia, abuso, negligencia, atención inadecuada y falta de higiene.

Resultados: Los resultados indican que el malestar psicosocial no solo es un impacto inmediato de las experiencias traumáticas, sino también una manifestación importante de las inseguridades ambientales (como el abuso, la violencia, la negligencia, la falta de cuidados y la higiene) y la fragmentación social en los refugios. Los resultados destacan la creciente prevalencia de trastornos de estrés agudo entre los sobrevivientes, el aumento de las tensiones domésticas y la consolidación de los roles de género tradicionales. Esto tiene un efecto desproporcionado en el bienestar de las mujeres y en el acceso a la atención de personas mayores y personas con discapacidad. A pesar de los esfuerzos del personal de apoyo psicosocial, las limitaciones sistémicas – como la contratación de personal a corto plazo, la coordinación limitada y la infraestructura insuficiente – restringieron la eficacia del servicio.

ARTICLE HISTORY

Received 25 December 2025

Revised 16 May 2026

Accepted 30 May 2026

KEYWORDS

Disaster response; earthquake; psychosocial support; qualitative research; Türkiye

PALABRAS CLAVE

Respuesta ante desastres; terremoto; apoyo psicosocial; investigación cualitativa; Turquía

HIGHLIGHTS

- The psychosocial distress experienced in the aftermath of the Kahramanmaraş Earthquakes has been exacerbated by housing conditions and structural insecurity beyond the trauma itself.
- The disaster response phase has had disproportionate effects, particularly on women and other vulnerable groups.
- Lack of coordination and infrastructure has limited the effectiveness of PSS services.

Conclusiones: La complejidad de proporcionar apoyo psicosocial eficaz en situaciones de desastre se ha hecho aún más evidente debido a la asignación inadecuada de recursos, los problemas logísticos y los importantes desafíos administrativos. Este estudio aboga por intervenciones psicosociales bien coordinadas y sensibles al género y la cultura, así como por la participación de instituciones y organizaciones con recursos suficientes, para mejorar la eficacia de la respuesta ante desastres.

1. Introduction

Kahramanmaraş was struck by two severe earthquakes on February 6, 2023, one of the most devastating natural disasters in Türkiye. According to official figures, more than 50,000 people lost their lives, thousands were injured, and hundreds of thousands were left homeless (Gözükıızıl & Tezcan, 2023). The scale of the response required, the speed at which it had to be mobilized, and the heterogeneity of survivor needs together made the Kahramanmaraş earthquakes a critical case for advancing understanding of PSS delivery during the acute phase of disasters.

Post-disaster mental health research has extensively reported on the associated psychosocial problems that are seen after natural disasters and the actions that can help people overcome these struggles (Seto et al., 2019). Mental health problems such as acute stress disorder, post-traumatic stress disorder (PTSD), and depression are reported to be common after natural disasters (Cénat et al., 2020; Farooqui et al., 2017; Tang et al., 2018). Yet prevalence is only part of the picture: whether survivors actually reach the services that could address these conditions depends heavily on sociodemographic and structural factors. National survey evidence from Türkiye consistently demonstrates that gender, education level, and employment status are significant determinants of psychological help-seeking behaviour, with women generally displaying greater openness to accessing professional support compared to men (Bayrakçeken et al., 2023; Coşkun et al., 2023; Güney et al., 2024). These documented barriers to help-seeking are especially salient in disaster contexts, where structural disruption may further suppress access among already vulnerable groups such as older adults, persons with disabilities, and refugees.

In addition to mental health problems, people impacted by natural disasters usually face a variety of interrelated difficulties including physical health, social interactions, family roles, basic living standards such as housing and hygiene, and economic stabilization, particularly employment and security of income (Inter-Agency Standing Committee, 2007). In helping to recognize and address these issues during the disaster response phase, PSS professionals have an important role. As mentioned in the Türkiye Disaster Response Plan (2025), PSS professionals from diverse disciplines including social work, psychology, nursing,

medicine, and counselling could embrace an integrative approach to provide interventions that are responsive to the realities that survivors experience and promote healing in many aspects of everyday life. Therefore, PSS for earthquake survivors has gradually gained importance (Altun, 2016). However, the actions and services offered to PSS professionals doing these professional tasks are of equal value to those available to survivors (Gökçe & Yılmaz, 2017; Yılmaz, 2007).

Much of the empirical work grounded in lessons from the 1999 Marmara and 2011 Van earthquakes has focused on PSS services (Altun, 2016; Arasan Özbay, 2015; Aydın, 2014; Çağlar, 2013; Kılıç, 2003). Although research on PSS professionals remains limited (Çakmak et al., 2009; İbiş & Kesgin, 2014), studies following the Kahramanmaraş earthquakes show a stronger emphasis compared to previous disasters. The results highlight significant struggles, such as inexperienced staff, long hours, resource shortages, weak coordination, and anxiety and PTSD (Arslançoç et al., 2024; Bayhan et al., 2023; Bıçakcı & Ergüney Okumuş, 2023; Işıkhhan, 2021a; Satılmış et al., 2024; Topkara et al., 2024). Crucially, further research is required to address these barriers and determine how best to strengthen PSS services and professionals (Işıkhhan, 2021b; Pak Güre, 2021; Zengin & Sağlık Tugrul, 2026).

The aim of this study is to provide an in-depth analysis of the PSS interventions just after the Kahramanmaraş earthquakes, a disaster of unprecedented scale that challenged existing emergency response frameworks. While the current literature extensively documents survivor experiences, there is a notable scarcity of empirical data regarding the operational struggles and field observations of the professionals on the frontline. This study fills a critical gap by exploring how PSS professionals manage the needs of survivors and professionals' struggles in the aftermath of the Kahramanmaraş earthquake. The uniqueness of this research comes from its focus on the professionals' own experiences during the earthquakes. This work evaluates the struggles faced on the field and offers insights for making organizations more prepared for future disasters. To achieve this, the study seeks to answer the following questions:

RQ1: How do PSS professionals identify and address the main struggles of survivors of the

Kahramanmaraş earthquakes during the disaster response phase?

RQ2: What are the main operational struggles faced by professionals while providing PSS during the disaster response phase?

2. Method

2.1. Research design and participants

Drawing on an interpretivist epistemology, the research utilized a qualitative descriptive design. As Sandelowski (2000) suggests, this approach allows researchers to remain intimately connected to the participants' own perspectives. Given the nature of this inquiry, we employed a targeted sampling strategy to ensure that all participants possessed meaningful experiences regarding the studied phenomenon (Creswell, 2013). The target population included officially authorized PSS professionals (social workers, psychologists, psychiatrists, psychological counsellors, and guidance professionals) deployed by public institutions and NGOs. Establishing an exact population volume was methodologically unfeasible. Due to the disaster zone's dynamic nature, personnel operated on a rotation-based system. This constant fluctuation and rapid turnover prevented a fixed count; therefore, the study strictly focused on the accessible population of officially permitted field workers. Participants were recruited using a combination of criterion and snowball sampling methods. Criterion sampling ensured that all participants met predefined eligibility criteria, which included working in one of the affected provinces (Kahramanmaraş, Malatya, Gaziantep, and Hatay), providing PSS services, and being affiliated with an institution or an NGO. To capture the variations in earthquake severity, resource availability, and service delivery between urban and rural settings, the sample deliberately included not only professionals in city centres but also mobile outreach teams serving severely devastated districts and villages. To further mitigate sampling bias, maximum variation was systematically sought across participants' gender, professional discipline, public or NGO affiliation, years of experience, and prior disaster response background. As explicit exclusion criteria, individuals outside the targeted professional groups, those not actively providing PSS, and independent actors present solely under the title of 'volunteer' without formal institutional or NGO affiliation were deliberately omitted from the sample.

Meanwhile, snowball sampling facilitated access to these professionals in the highly disrupted post-disaster settings. Given the highly traumatized post-disaster environment and restricted access for outside researchers, snowball sampling was essential. Professional referrals leveraged existing mutual trust,

making it the most reliable method for rapport-building (Noy, 2008). To mitigate selection bias and ensure participant diversity, the research team avoided relying on a single network. Instead, researchers physically visited multiple tent and container cities across the affected provinces, directly introducing the study at various on-site PSS tents. These initial face-to-face encounters served as multiple independent starting points, preventing the sample from becoming homogeneously tied to one group.

Consequently, this field-based strategy yielded a highly diverse sample comprising professionals from nine institutions, seven NGOs, and five professional groups (social workers, psychologists, psychiatrists, psychological counsellors, and guidance professionals). The sample encompassed both local professionals who personally experienced the earthquake and out-of-region personnel who arrived through voluntary institutional or NGO deployments. Consequently, the study captured the unique perspectives of both 'survivor-professionals' managing their own or their relatives' trauma, and external professionals navigating the earthquake zone. Participants' field experience ranged from 8 months to 18 years, with only 11 of the 30 having prior disaster response experience (Table 1).

2.2. Data collection

Face-to-face interviews were conducted using a semi-structured interview form with 30 professionals providing PSS services in the earthquake-affected provinces of Kahramanmaraş, Malatya, Gaziantep, and Hatay. Potential participants were initially contacted through direct visits to PSS tents and coordination points within tent and container cities. Researchers introduced the study and verified eligibility on-site. Following these initial encounters, interview appointments were scheduled, and sessions were conducted in designated quiet areas or available spaces within the tent cities that ensured privacy and minimized distractions. The semi-structured interview guide consisted of 15 open-ended questions designed to comprehensively explore professionals' disaster zone experiences. The questions were organized around three broad domains: (1) pre-deployment preparedness, (2) multi-dimensional field challenges and structural needs, and (3) coping mechanisms and institutional support. For instance, an example item asked: 'What specific challenges and needs did you encounter regarding psychosocial intervention and field coordination, and what are your recommendations for improving these processes?' To minimize the risk of interviewer influence, questions were kept strictly non-leading. While the fieldwork was conducted by the team of four researchers, each interview was carried out individually (one-on-one) by a single researcher to foster a comfortable

Table 1. Participant information.

N	Participants	Sex	Occupation	Years of experience	Institution	Place of interview
1	C-1	F	Counsellor	2	Ministry of National Education ^a	Malatya
2	P-1	M	Psychologist	5	Turkish Red Crescent ^b	Malatya
3	CP-1	M	Clinical Psychologist	6	Turkish Red Crescent	Malatya
4	SW-1	F	Social Worker	8 months	Ministry of Family and Social Services ^c	Kahramanmaraş
5	SW-2	M	Social Worker	5.5	Ministry of Health ^d	Kahramanmaraş
6	SW-3	M	Social Worker	8	Ministry of Family and Social Services	Malatya
7	C-2	M	Counsellor	12	Ministry of National Education	Malatya
8	SW-4	F	Social Worker	4	Turkish Red Crescent	Malatya
9	SW-5	F	Social Worker	4.5	Turkish Red Crescent	Malatya
10	C-3	F	Counsellor	4	Ministry of National Education	Kahramanmaraş
11	P-2	F	Psychologist	6	Ministry of Health	Kahramanmaraş
12	SW-6	M	Social Worker	2.5	Ministry of Family and Social Services	Kahramanmaraş
13	SW-7	F	Social Worker	1.5	Ministry of Family and Social Services	Gaziantep
14	P-3	M	Psychologist	4	Ministry of Health	Gaziantep
15	SW-8	M	Social Worker	4	Turkish Red Crescent	Gaziantep
16	CDE-1	F	Child Development Expert	1.5 months	Ministry of Health	Hatay
17	CP-2	F	Clinical Psychologist	10	Ministry of Health	Hatay
18	PSY-1	M	Psychiatrist	1	Non-governmental Organization ^e	Hatay
19	SW-9	M	Social Worker	4	Ministry of Family and Social Services	Hatay
20	CP-3	F	Clinical Psychologist	5	Non-governmental Organization	Hatay
21	C-4	F	Counsellor	2	Non-governmental Organization	Gaziantep
22	CP-4	F	Clinical Psychologist	5	Ministry of Health	Gaziantep
23	CP-5	F	Clinical Psychologist	6	Turkish Red Crescent	Gaziantep
24	SP-1	M	Social Psychologist	6	Non-governmental Organization	Gaziantep
25	C-5	M	Counsellor	7	Non-governmental Organization	Hatay
26	SW-10	M	Social Worker	8	Ministry of Family and Social Services	Hatay
27	PSY-2	M	Psychiatrist	9	Non-governmental Organization	Hatay
28	PSY-3	M	Psychiatrist	4	Ministry of Health	Hatay
29	SW-11	M	Social Worker	20	Ministry of Family and Social Services	Gaziantep
30	CP-6	F	Clinical Psychologist	20	Non-governmental Organization	Hatay

^aMoNE, ^bTRC, ^cMoFSS, ^dMoH, ^eNGOs.

dialogue and maintain confidentiality as much as the post-disaster conditions allowed. Researchers maintained a neutral, active-listening stance, allowing participants to freely construct their narratives without directive prompts.

Between 28 February 2023, and 10 March 2023, PSS professionals collaborated extensively with four other researchers in tent cities and container cities. Throughout the fieldwork, the research team held daily assessment meetings, which served three crucial methodological functions. First, these sessions facilitated iterative data evaluation and synchronization, allowing researchers to share immediate interview impressions and align their ongoing data collection strategies. Second, discussing the unique socio-spatial dynamics of each affected city enhanced the contextualization of the emerging data. Finally, these meetings acted as real-time peer debriefing spaces, enabling the researchers to process intense field experiences, manage potential secondary trauma, and continuously apply reflexivity to mitigate individual biases.

In line with the understanding that there is no ‘magic number’ of interviews or observations in qualitative research (Pratt, 2009), and that what constitutes ‘enough’ depends on the research question, we determined the appropriate sample size by continuing data collection until reaching a saturation point. In the context of this post-disaster fieldwork, saturation was determined by evaluating informational redundancy rather than conducting formal concurrent coding (Saunders et al., 2018). During the daily

assessment meetings, researchers systematically compared their field impressions. Saturation was achieved when the narratives regarding systemic challenges and field experiences, particularly within specific professional groups, began to consistently repeat, yielding no new informational categories or significant conceptual variations. The final interviews served to robustly verify these recurring patterns and ensure comprehensive representation across the four affected provinces. Accordingly, data collection concluded after 30 interviews. Thus, the study’s conclusions provide insight into the intervention procedures carried out during the first month after the 6 February 2023 earthquake. The average duration of the interviews was 80 min.

2.3. Ethical considerations

The Recep Tayyip Erdoğan University Ethics Committee for Social and Humanitarian Sciences granted ethical approval on 15 February 2023 (decision number: 2023/0059). Given the post-disaster setting and the sensitivity of discussing governance failures, obtaining written consent was impractical and hindered rapport. Field professionals hesitated to sign formal documents due to anonymity and administrative concerns. Therefore, to prioritize participants’ psychological safety, audio-recorded verbal consent was obtained prior to the interviews. Ethical standards were strictly maintained by using pseudonyms and a standard coding system that specified each participant’s profession, interview order, and province.

2.4. Data analysis

This study followed the COREQ guidelines to ensure transparency in the research team, design, and analysis (Booth et al., 2014; Tong et al., 2007). The interviews were conducted by a team of four social work academics, all of whom possess prior experience in qualitative research methodologies and hold formal training in Psychological First Aid and disaster response, the research team has a strong background in disaster-related academic studies; the first author specifically brings direct practical experience from prior involvement in crisis intervention and PSS field-work. Although the team lacked direct disaster response experience, reflexivity was rigorously applied, and peer debriefing was utilized to identify potential biases – redirecting attention towards governance failures rather than individual burnout. Reliability and validity were strengthened through triangulation, peer examination, and thick description (Merriam, 1995). Multiple forms of triangulation – sampling, researcher, zone, and participant – were used, and coding reliability was ensured through independent coding followed by consensus-building discussions (Miles & Huberman, 1994; Silverman, 2005). Peer examination contributed to a holistic understanding, while thick description maintained the depth of participants' narratives (Crowe et al., 2011).

Qualitative data analysis was conducted using Atlas.ti software on Turkish transcriptions. Translation and verification procedures adhered to best practices in cross-cultural qualitative research: narratives were translated from Turkish into English, and a back-translation process was employed to ensure semantic equivalence and confirm the reliability of participants' meanings. Data analysis was carried out between April and September 2024. Data were analysed using Reflexive Thematic Analysis as outlined by Braun and Clarke (2021). Coding followed a purely inductive, data-driven approach, meaning that codes and themes were generated directly from the participants' narratives rather than being informed by a pre-existing theoretical framework. Audio recordings were transcribed, and two researchers repeatedly reviewed the transcripts to identify initial codes and categories. To ensure analytical rigour and verify the reliability of the results, the remaining two researchers independently reviewed and cross-checked these initial codes. The research team then discussed and refined these codes, reaching consensus on the final coding structure. Through this process, two main themes emerged.

3. Results

Based on the accounts of PSS professionals, the results are organized into two main themes and four

subthemes. Table 2 illustrates the relationship between themes, subthemes, and codes derived from the analysis.

3.1. Multidimensional struggles of earthquake survivors in the acute phase

3.1.1. Deprivation of basic needs and acute psychological reaction

Across disaster-affected settings, PSS professionals observed that the psychological deterioration of survivors was deeply embedded in their compromised physical environments. Survivors consistently faced severe deficits in fundamental necessities – including shelter, food, hygiene, and physical safety – that had to be addressed before mental health support could be meaningfully delivered. The absence of these basic provisions continuously aggravated psychological struggles, fuelled interpersonal conflict, and generated profound feelings of helplessness.

PSS professionals reported a marked rise in acute stress reactions, including intrusive memories of the earthquake, heightened sensitivity to sensory triggers, sleep disturbances, persistent fatigue, and, in some cases, suicidal ideation. Power outages, insufficient lighting, and cramped conditions in tents and containers compounded this distress, often culminating in domestic violence and outbursts of anger.

The acute stress disorder is re-experiencing the earthquake, reacting to the slightest physical stimulus, to sounds, movements, light stimuli, triggering startle reactions. ... They live on the edge of the abyss; they are very anxious. Insomnia at night, nightmares, and a very strong increase in nervousness were the symptoms we often saw. We are seeing an increase in suicidal thoughts. They complain to us that they cannot enjoy life and that they lack joy. We have also noticed a lot of problems within the family; we have seen an increase in arguments and violence. He may have lived with his nuclear family in the past, but in the tent cities, he has to live with relatives or people he does not know at all. All this creates aggression in people and everyone is just waiting to insult each other. (PSY-1, Hatay)

Furthermore, professionals emphasized that severe hygiene deficits in these environments impacted not only physical health but also the feasibility of daily survival and caregiving.

It is very difficult to care for the disabled older adults in the tent. It is also very difficult for those who stay with the older adults and persons with disabilities. No matter how many people are in the family, the older adults and persons with disabilities are exchanged. The food is eaten there. There is no hygienic environment. (SW-7, Gaziantep)

Due to the risks associated with these crowded and unhygienic shelter environments, some survivors chose to remain near their damaged homes to

Table 2. Thematic structure of results: main themes, subthemes, and codes.

Main theme	Subtheme	Codes	Quotations
Multidimensional Struggles of Earthquake Survivors in the Acute Phase	<i>Deprivation of Basic Needs and Acute Psychological Struggle</i> <i>Inequalities in Service Access</i>	Food, hygiene, physical safety, insufficient lighting, unsafe shelter conditions, power outages, acute stress psychological reactions, and domestic violence Aid inequality, long queues, unmet needs, dependency, dignity concerns, gendered roles, caregiving burden, women's help-seeking patterns, men's counselling attendance, migration, low socioeconomic status, neglect, harassment, theft, substance use, immobility, stigma, ethnic difference, social tension	'The acute stress disorder is re-experiencing the earthquake, reacting to the slightest physical stimulus, to sounds, movements, light stimuli, triggering startle reactions'. 'The metropolitan municipality has a clothes and food social market'.
Operational Struggles of PSS Professionals in the Acute Phase	<i>Coordination Failures and Inter-Agency Struggles</i> <i>Field Implementation and Infrastructure Constraints</i>	Coordination gaps, duplication of efforts, lack of service map, lack of follow-up, accountability gap, inconsistent response Lack of privacy, insufficient tents, heat, poor lighting, inadequate spaces, limited psychiatrists, referral dependency, medication management, follow-up limitations	'There is a general lack of coordination. There are also issues regarding inter-institutional communication'. 'We kept our needs identification, assessment, and focus points very broad, ranging from medication to individuals' personal needs'.

maintain access to personal belongings and protect their property from looting. However, although mobile teams provided services, individuals living outside tent cities reported limited access to PSS and other assistance.

3.1.2. Inequalities in service access

Participants highlighted that beyond immediate survival needs, access to PSS services was shaped by broader structural and contextual factors affecting human dignity and service equity. While some areas benefited from stronger coordination and substantial external aid, others were perceived as less adequately served. Field accounts also noted inequities and perceived favouritism in aid distribution and housing allocation, linked in some accounts to variations in local administrative capacity and perceived political influences, which undermined trust in service systems and reflected broader structural and governance-related challenges in ensuring fair and consistent access to resources.

There is an extraordinary amount of external aid here. The metropolitan municipality is working exceptionally well. Coordinators and governors are performing very effectively. But I do not know about Hatay; it is said that the situation there is different. I suppose the reason is political. (CP-4, Gaziantep)

There is favoritism everywhere-from the distribution of aid to the placement of people in container settlements. Individuals whose houses are undamaged are placed in containers, while those with damaged houses are not; this reflects inequality. (P-3, Gaziantep)

Professionals highlighted systemic struggles, such as survivors waiting in long queues for the distribution of relief items and the general inability of the system to fully meet their needs. This structural inefficiency transformed access to basic rights into a degrading experience; the aid process was described as creating

a stigmatizing position of 'the needy receiving aid', which was reported as incompatible with perceptions of dignity by some participants.

The metropolitan municipality has a clothes and food social market. People do not want to wait because the queue is so long. They say: 'I need this' and tell one of the people there what they need. But there are also situations there that are incompatible with human dignity. You know someone said that it's very difficult for me to be the receiving hand of the giving hand. ... However, he believes that I cannot be the receiving hand. (SW-11, Gaziantep)

Participants reported that the disruption of the pre-disaster social order created unequal access to PSS across different groups. In tent settlements, gendered divisions of labour intensified, with women carrying primary caregiving responsibilities for children, older adults, and persons with disabilities, which limited their ability to attend face-to-face services. Although women were generally perceived as more likely to seek support, physical and structural constraints within the camp environment restricted their service access. In contrast, unemployed men were more able to access individual counselling due to increased availability of time following the disaster.

Women in the disaster setting carried the overwhelming burden of domestic and caregiving responsibilities. Under highly challenging living conditions, women were responsible for cooking, washing clothes by hand, cleaning, and caring for children, leaving them with little or no time to seek PSS. In contrast, many men had become unemployed following the disaster and therefore had comparatively more availability and time to participate in support activities and interviews. (SW-9, Hatay)

Professionals reported that beyond the household level, collective living arrangements in disaster settings produced unequal conditions of safety and access across different social groups, including low socioeconomic populations, migrants, and marginalized

communities such as Syrian refugees, Roma, and Abdal groups. These environments were associated with heightened social tensions, including peer conflict, neglect, harassment, theft, and substance use, which further constrained equitable access to safe and supportive conditions.

Thefts are increasing ... Looters turn up. Police and security guards patrolling. Unwanted pregnancies. I am frankly afraid of sexuality. I am worried about our safety. (SW-7, Gaziantep)

In some cases, differential exposure to risk and tension among groups led to increased negative social reactions, including stigma and hate speech towards displaced and marginalized populations. To mitigate escalating tensions and security risks, professionals noted that spatial segregation was sometimes implemented as a pragmatic coping strategy, including the separation of refugee and Roma/Abdal tent areas, which was perceived as partially effective in reducing conflict but also reflected underlying structural inequalities in disaster response.

The Syrians living here were sent to the camps in Nizip. Indeed the tent and container cities were segregated by ethnicity. Actually, it's not right to judge this as a racist movement. Because the groups could have developed hate speech against each other. Or looting, thefts, or drug trafficking that occasionally come to the attention of the security forces or cases of child neglect and abuse that we deal with when these different ethnic backgrounds come together they cause great turmoil and chaos. (SW-8, Gaziantep)

Together, these dynamics reveal that inequality in post-disaster settings goes beyond mere resource distribution; it is a profound structural challenge that directly impacts human dignity, exacerbates gender disparities, and dictates the social cohesion of affected communities.

3.2. Operational struggles of PSS professionals in the acute phase

3.2.1. Field implementation and infrastructure-related struggles

PSS interventions were constrained by severe environmental and infrastructural limitations, including a lack of private and soundproof spaces, extreme weather conditions, poor lighting, and inadequate intervention areas. The absence of confidential settings was identified as a key ethical concern, undermining privacy in PSS and creating significant ethical strain for both professionals and survivors.

At least we have a tent where we can hold meetings. I wish the tent was not transparent, that it was shielded from the surroundings, and that you could not see the citizens. (CP-4, Gaziantep)

Field implementation and infrastructure-related conditions significantly constrained the protection and care of vulnerable groups, including women, girls, unaccompanied and bereaved children, as well as persons with disabilities and older adults in the post-disaster setting. Coordination gaps between hospitals and field teams in identifying and placing unaccompanied children reduced the timeliness and accuracy of interventions. Spatial limitations in tent and container settlements increased exposure to violence, neglect, and abuse among women and girls, while access to safe spaces, referral pathways, and protective services remained restricted. Access to care and accessibility arrangements for persons with disabilities and older adults was also inconsistent. Despite a wide range of psychosocial, economic, rehabilitative, and culturally responsive interventions, persistent structural barriers continued to hinder effective protection and sustained support for vulnerable populations.

Initially, efforts focused on addressing survivors' immediate needs. Assistance was provided for transportation and referrals to hospitals and other institutions through organizational vehicles. Professionals also worked to relocate persons with disabilities to more suitable accommodation settings and to ensure that unaccompanied children were placed in appropriate care institutions. During this process, psychologists and psychological counselors conducted individual sessions with those identified as requiring PSS. In addition, survivors were guided regarding available services and access to essential resources, resulting in a wide range of multidimensional support activities. (SW-3, Malatya)

Beyond these physical and ethical constraints, the analysis reveals a fundamental operational struggle: the inability to deliver meaningful PSS when survivors' basic necessities remain unmet. Professionals reported that engaging individuals in psychological or emotional interventions was virtually impossible while they still lacked shelter, food, hygiene, or physical safety. This reality creates a practical dilemma and a profound role conflict for PSS professionals, who often divert their efforts towards coordinating material aid – exceeding their formal mandates – to address the immediate survival needs of the population. These conditions limited the feasibility of delivering structured psychosocial interventions in field settings, often reducing the professional role to a combination of logistical coordination and raw empathetic presence.

We kept our needs identification, assessment, and focus points very broad, ranging from medication to individuals' personal needs. For instance, sanitary pads were a major necessity; providing those was crucial. We were regularly loading and heading out with about ten to twelve vehicles. ... Because we cannot move to the psychological counseling stage before people's social needs are met. ... Right now,

psychological first aid is basically just listening and crying. (SW-8, Gaziantep)

Participants reported significant capacity limitations in managing severe post-disaster mental health crises. Due to the limited number of psychiatrists in the field, services were delivered through mobile teams and on scheduled days, requiring strict triage and referral processes. High levels of acute psychiatric presentations – including suicidality, psychotic episodes, bipolar disorder, severe depression, and traumatic bereavement – led interventions to be largely restricted to short-term stabilization, pharmacological treatment, and limited follow-up referrals. Participants also emphasized that such acute psychiatric reactions were more frequent and intense than anticipated in the field setting.

On one hand, we strive to support patients, while also identifying acute psychiatric crises such as suicidality, severe depression or psychotic episodes. Many patients, including those with chronic conditions like schizophrenia, lost access to their medication under the rubble, so we focused on restoring medication management and providing psychoeducation on expected psychological reactions during this process. Our primary aim was to stabilize the situation. (PSY-2, Hatay)

3.2.2. Coordination failures and inter-agency struggles

Participants reported that the lack of clear definition of personnel roles and responsibilities, along with the absence of a structured coordination system in PSS services, constituted a significant problem. Unplanned and repeated visits were found to undermine therapeutic trust and, in some cases, lead to the refusal of services.

It is crucial to identify the specific competencies and affiliations of all personnel in the disaster zone to ensure coordinated action. Uncoordinated, repeated tent visits significantly hinder the establishment of therapeutic trust, eventually leading survivors to refuse further interventions. Therefore, just as with search and rescue or material aid, a structured coordination framework for PSS is absolutely essential from the outset. (SW-5, Malatya)

In practice, however, this theoretical collaboration frequently devolved into a systemic breakdown of coordination among government ministries, NGOs, and field workers, leading to unmet needs for vulnerable populations. The lack of a standardized service map and up-to-date information systems meant that regular meetings often failed to provide current data on shifting services. Since deployments typically lasted only 7–15 days, effective information transfer to newly arriving teams was considered crucial. While some teams conducted thorough handover and orientation meetings – briefing incoming staff on available resources, tent visits, identified needs, case transfers,

ongoing follow-ups, and activity reports – others did not share information at all. This absence of information sharing resulted in duplicated efforts, contributing to intervention fatigue and an erosion of trust among survivors.

There is a general lack of coordination. There are also issues regarding inter-institutional communication. To give the simplest example, the teams tell us in the evenings; for instance, before us, the Ministry of Education might have visited a tent in the morning, or perhaps the health department started sending out separate teams and they visited. They ask people the same questions over and over again. In a way, we end up disturbing them. Also, in the initial weeks, visits were made and certain needs were documented, but they weren't met. When you go back a week later for the second time and ask if they need anything ... since nothing was provided, people started responding in a reactive or angry manner. (P-2, Kahramanmaraş)

Despite these structural failures, professionals demonstrated adaptive commitment by improvising solutions and building informal inter-agency networks to fill critical gaps. Furthermore, a significant disconnect was reported between needs identification and subsequent action. While PSS professionals documented requirements through monitoring and reporting, the follow-up process remained inconsistent across teams. Participants highlighted that identified needs were often not systematically tracked or verified, revealing a perceived lack of accountability in the response cycle. Ultimately, these challenges underscore a persistent tension between institutional dysfunction and the professional resourcefulness of professionals striving to deliver support in chaotic environments.

We already ask our managers whether it has been discussed, conveyed, or done. If they say it's done, we immediately go to the tents and try to verify it. By the way, we get everyone's phone numbers and call them anyway. Have the requests been fulfilled? Did they arrive? For instance, people are scattered across so many areas that we convey the requests again. We check again: did it happen or not? (CP-4, Gaziantep)

4. Discussion

The frontline operational lens this study adopts opens three lines of contribution that survivor-symptom designs cannot easily reach. The first is methodological: working with multidisciplinary professionals across nine public institutions and seven non-governmental organizations in the four most devastated provinces yields a cross-cutting view of acute-phase delivery that single-discipline or survivor-only studies typically miss (Bayhan et al., 2023; Bıçakçı & Ergüney Okumuş, 2023). The second is temporal: most disaster

mental health scholarship rests on retrospective designs documenting survivor-symptom outcomes (Cénat et al., 2020; Farooqui et al., 2017; Tang et al., 2018), during which the systems that struggle most in the acute window are already obscured by recovery; the present accounts foreground that earlier period. The third is interpretive: the analysis below privileges mechanisms over symptoms, asking why and how the patterns participants observed emerged in this setting and what they add to disaster mental health research.

The co-occurrence of acute-stress phenomena and unmet basic needs points towards a single proximal mechanism: when shelter, hygiene, and physical safety remain unsecured, the cognitive and emotional bandwidth required to engage with psychosocial intervention contracts (Zarghami et al., 2019). The elevated acute stress disorder risk documented in disaster contexts (Gray et al., 2021) and the family-level destabilization and domestic violence linked to disaster-related stress (Campbell et al., 2016; Weitzman & Behrman, 2016) appears here as downstream consequences of these conditions rather than parallel hazards, sitting within the broader pattern of interpersonal violence and child abuse documented in the disaster literature (Parkinson, 2019; Seddighi et al., 2021). Tent city conditions, particularly overcrowding and inadequate lighting, amplify bullying, child neglect, harassment, theft, and substance use (Amiri et al., 2022; Cerna-Turoff et al., 2021). Hygiene-related outbreaks of scabies and lice follow the same logic: when sanitation cannot keep pace with crowding, the physical preconditions for engagement erode further (Mueller et al., 2019), with the compounding effect most acute among older adults struggling to meet basic needs (Abbasian et al., 2023). Shelter conditions thus function as a PSS-relevant variable rather than a mere logistical concern. A complementary mechanism concerns perceived security: the perceived risk of looting often diverges from objective frequencies (Louis-Charles et al., 2021; Milsten et al., 2024) yet shapes shelter behaviour decisively, drawing survivors back to damaged homes to safeguard property and away from unregulated collective shelters (Ibrion et al., 2015; Kronenburg, 2013).

Patterns of unequal access are best read through a structural-vulnerability frame in which pre-existing disadvantage along gender, age, disability, ethnicity, marginality, and displacement status becomes more visible and consequential as resources contract. Gendered caregiving expectations add to the stress experienced by female survivors and restrict their access to PSS provision (Citak & Toker, 2025). At the population level in Türkiye, women are more likely than men to seek psychological support (Bayrakçeken et al., 2023). While working populations show suppressed help-seeking that masculinity norms reinforce among men (Güney et al., 2024), our data found that

men sought PSS more frequently than usual, particularly as unemployment and the loss of income-generating roles increased following the disaster.

Post-disaster help-seeking models from medium-term recovery data may need qualification when applied to the response phase, where removed work obligations and heightened stigma reorder who comes forward. This is particularly consequential for older adults, for whom the structural conditions that ordinarily depress help-seeking, including poor general health, chronic illness, and financial or educational barriers (Coşkun et al., 2023; Ercan et al., 2025), become more pronounced once basic needs are unmet. Persons with disabilities face compounding disadvantages in this regard, as both pre-existing accessibility barriers and disaster-induced service disruptions simultaneously limit their capacity to seek and receive psychological support (Reinhardt et al., 2021). The intergroup dynamics participants observed are also consistent with evidence that disasters intensify rather than dissolve existing social tensions and discrimination between local people and Syrian, Roma and Abdal. Indeed, whether disasters act as a ‘catalyst for peace’ or a ‘trigger for conflict’ largely depends on pre-disaster conditions. Research indicates that post-disaster opportunities for cooperation, commonly referred to as disaster diplomacy, tend to be short-lived, with pre-existing tensions and political polarization ultimately dominating the process in the long term (Chung & Rhee, 2022; Peters & Kelman, 2020). We treat these as professionals’ perceptions of structural inequality at the point of service delivery, not as causal claims about the wider response apparatus.

Participants’ accounts of infrastructural and capacity constraints reflect a longer-standing gap between published PSS guidance (Inter-Agency Standing Committee, 2007) and the conditions under which it is implemented in the field (Altun, 2016; Aydın, 2014). Çalış et al. (2023) note that managing traumatic content alongside basic physical needs during the response phase is essential, an integration rarely realized at disaster scale (Türkiye Disaster Response Plan, 2025). Our contribution is policy-directional: closing this gap requires investment in field infrastructure and inter-professional staffing rather than further elaboration of protocols whose preconditions remain absent.

Our most distinctive analytic contribution is what we have termed awareness without accountability. Existing frameworks for acute-phase psychosocial support emphasize the identification and stabilization of needs (Inter-Agency Standing Committee, 2007; Seto et al., 2019) yet say less about the operational architecture linking identified needs to consistent intervention. Across institutions, the gap between needs recognition and operational follow-through

surfaced as the organizing problem in participants' narratives, beyond the well-documented secondary traumatic stress and compassion fatigue of frontline workers (Bıçakcı & Ergüney Okumuş, 2023; Topkara et al., 2024). We position this as an addition to operational disaster response literature: rather than awareness or documentation failures, participants describe a structural decoupling of recognition from follow-through. Short rotation cycles, inter-agency communication gaps, and duplicated needs assessments indicate an emergent property of rotation-based disaster PSS organization (Işıksan, 2021b), not a motivational or competency failure of individual responders. Reframing shifts policy from training individual workers to redesigning handover protocols. We offer awareness without accountability as an analytic construct grounded in the present sample, and invite testing in comparable disaster settings.

Research results indicated that the structural and operational gaps in PSS delivery reflect broader systemic challenges documented in disaster management literature. The identified lack of role clarity and defined responsibilities among personnel aligns with evidence that ambiguity regarding inter-organizational arrangements frequently acts as a primary barrier to effective collaboration, leading to confusion about service boundaries (Curnin & O'Hara, 2019; Teng-Calleja et al., 2019). Such fragmentation often results in the duplication of efforts and inefficient resource allocation, which has been specifically observed in the aftermath of the 2023 Kahramanmaraş earthquakes where coordination issues led to significant service delivery inefficiencies (Küçükarslan et al., 2025). Furthermore, the reported erosion of therapeutic trust due to unplanned and repeated visits mirrors results that inconsistent service delivery and low institutional follow-through can foster profound mistrust among survivors, potentially leading to the refusal of essential services (James et al., 2020; Thorsen et al., 2018). This systemic breakdown is often exacerbated by the absence of standardized information systems and real-time service mapping, which prevents organizations from sharing critical data and adjusting their responses to the rapidly shifting needs of vulnerable populations (Martin et al., 2026; Seto et al., 2019). Inadequate intervention spaces, lack of privacy, and harsh environmental conditions in disaster settings added to the gap that severely constrained PSS interventions and created ethical concerns regarding confidentiality for both professionals and survivors.

Several policy and research directions follow, framed cautiously given the qualitative design and acute-phase focus of the study. Acute-phase PSS would benefit from gender and culture-sensitive intervention pathways attentive to the realignment of help-seeking observed here, shelter architectures that treat

privacy and lighting as PSS-relevant infrastructure, and accountability mechanisms, not merely needs-assessment protocols, to close the gap between documentation and follow-through (Gkoumas et al., 2026; Inter-Agency Standing Committee, 2007; Türkiye Disaster Response Plan, 2025). Future research could test whether awareness without accountability recurs across disaster settings, whether structured handover protocols reduce duplication and discontinuity, and whether acute-phase reorderings of gendered help-seeking emerge in other cultural contexts.

4.1. Limitations and strengths

The primary limitation of the study is the absence of direct interviews with disaster survivors. However, this exclusion was a deliberate and necessary methodological decision rather than a mere constraint. Because the fieldwork was conducted during the acute intervention phase, survivors were in a state of severe trauma. Direct interviews carried a high risk of re-traumatization, making strict adherence to the ethical 'do no harm' principle, alongside operational security constraints, an absolute necessity. Thus, the results are intentionally framed as a systemic assessment rather than a direct psychological evaluation, focusing on the operational failures in the PSS delivery system and the impact on survivors as reported by frontline professionals. Furthermore, the geographic scope was limited to the four most devastated provinces; therefore, the results reflect the severe systemic strain specific to these epicentres and may not represent the realities of less affected regions. Additionally, since interviews occurred during the acute phase, participants' accounts were likely influenced by the immediate shock and exhaustion of the disaster, representing a 'raw' snapshot rather than a long-term retrospective evaluation.

Conversely, relying on these professionals constitutes one of the major strengths of the study, as it provides a unique methodological opportunity. Because PSS professionals delivered services across various affected groups, they possessed a panoramic and holistic understanding of the crisis, simultaneously observing systemic barriers and diverse survivor needs. The experiences of some professionals who were directly involved in the disaster and their first-hand knowledge of the complexity of PSS in this context make this study unique and practical. Their accounts offer a realistic, in-depth examination of the complexities of PSS, rather than merely acting as proxies, these professionals functioned as key informants who could provide a cross-sectional overview of structural gaps that individual survivors might not have been in a position to observe during the acute crisis. This research also indicated areas for improvement in disaster preparedness and response including better

coordination among PSS teams, interventions targeting vulnerable population groups, and the involvement of experienced and qualified NGOs. New evidence about operational failures during the acute response phase was presented. Accordingly, future research might focus on these identified structural deficiencies to assess long-term recovery processes and the cost-effectiveness of integrated PSS models.

5. Conclusion

This study demonstrates that psychosocial distress among earthquake survivors was shaped not only by exposure to trauma but also by the unsafe, overcrowded, and socially fragmented conditions within temporary settlements. Risks such as harassment, theft, peer bullying, child neglect and abuse, and increased substance use created an environment in which shelters – intended to function as protective spaces – often became sources of additional harm. These conditions, combined with gendered divisions of labour that intensified women's caregiving burdens, limited equitable access to PSS services and undermined the effectiveness of PSS interventions. Access to PSS was also shaped by broader structural and contextual factors, alongside variations in coordination, aid distribution, and housing allocation processes, with governance and administrative factors shaping perceptions of trust and equity in access to resources.

PSS professionals showed strong commitment and adapted their roles beyond psychological first aid to include social protection, case management, and advocacy. However, operational limitations, such as inadequate private spaces for counselling, insufficient equipment, and lack of qualified specialists, as well as short-term staff rotations and weak information transfer between teams, significantly constrained service quality. Unmet basic needs such as shelter, food, hygiene, and safety substantially limited the feasibility of structured PSS interventions in disaster settings, often pushing professionals beyond their formal roles towards material aid coordination and emotional presence. Fragmented inter-agency coordination further contributed to duplicated efforts and inconsistent follow-up, reducing the continuity essential for survivors' recovery and adaptation.

The results point to the need for a reconceptualization of post-disaster PSS as a core component of humanitarian infrastructure rather than an auxiliary service. Integrating psychosocial considerations into the physical and organizational design of shelters is crucial to ensure safety, dignity, and equitable access. Moreover, sustainable, locally grounded PSS professionals are needed to replace short-term, fragmented deployments that disrupt service flow. Tailored and culturally sensitive interventions – responsive to differences in gender, age, disability, and cultural

background – are essential for supporting meaningful recovery. Moving beyond one-size-fits-all models towards contextually grounded, equity-oriented systems is vital for strengthening preparedness, long-term mental health, and community resilience in future disasters. These results highlight the need for coordinated, gender, and culture-sensitive psychosocial interventions supported by well-resourced public institutions and NGOs.

Acknowledgements

The authors extend their sincere thanks to the participants for their invaluable contributions and to Scientific and Technological Research Council of Türkiye (TUBITAK) for funding, which made this research possible.

Author contributions

CRedit: **Hande Albayrak:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Writing – original draft, Writing – review & editing. **Ozan Selçuk:** Conceptualization, Data curation, Investigation, Writing – original draft, Writing – review & editing. **Bekir Güzel:** Conceptualization, Data curation, Investigation, Funding acquisition, Writing – original draft, Writing – review & editing. **Görkem Kelebek Küçükarslan:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This research was supported by a grant from the Scientific and Technological Research Council of Türkiye (TUBITAK). It was conducted with complete independence and integrity. Also, this study has been supported by the Recep Tayyip Erdoğan University Development Foundation (Grant number: 02025012019887).

Ethics approval and consent to participate

The study was approved by the Recep Tayyip Erdoğan University Ethics Committee for Social and Humanitarian Sciences (decision number: 2023/059). This research was conducted in accordance with the Declaration of Helsinki. All participants provided their verbal informed consent prior to participation.

Data availability statement

Data sharing is optional and available upon request.

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