GUIDANCE NOTE: MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IMPLICATIONS OF EARTHQUAKES

June 2026

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This document provides an overview of the psychosocial consequences of earthquakes and outlines key considerations for MHPSS programming.

This guidance note is intended for Red Cross Red Crescent Movement components who may be responding to earthquakes in their country, or region. It includes guidance on:

- common reactions and behaviours during and after earthquakes
- integration of MHPSS considerations for disaster responses
- links to existing relevant materials.

FACTS ABOUT EARTHQUAKES

Geophysical hazards like earthquakes have wide impacts on affected populations because of the significant destruction they cause to homes and infrastructure. Although less frequent than storms and floods, earthquakes are often considered the deadliest form of disasters; responsible for over 58% of total disaster deaths (or 721,318 people) between 2000 and 2019 (UNDRR, 2020). This dramatically high number comes from the earthquakes direct impact or the following tsunami it sometimes triggers compounding the impact.

Besides the physical aspect, the negative consequences for mental health can be significant and long lasting and may include depression or chronic anxiety in the long term (British Red Cross, 2024). The loss of home has serious consequences on mental health by disrupting essential factors such as livelihood, income generation, place of safety and social ties (Medecins Sans Frontieres, 2025). As with many large-scale disasters, children, older people and people with pre-existing conditions are a particularly vulnerable groups to consider after an earthquake.

During disaster responses, it is important that volunteers and staff have clear, relevant, and accurate information about the disaster and local responses. Especially as during and after earthquakes, healthcare and communication infrastructures can be damaged or destroyed, making it difficult for people to access information about services and reconnect with loved ones. Volunteers and staff should be provided with regular, updated, fact-based information about the earthquake and its impact to share with people they are supporting in their work.

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COMMON REACTIONS AND BEHAVIOURS AFTER EARTHQUAKES

Adapted from Australian Red Cross, British Red Cross, MSF & WHO.

It is expected that people may express distinct feelings of fear or distress and change their behaviours during and after earthquakes. This is often a helpful response as it alerts people to changes that they may need to make to their behaviours to protect themselves.

Common reactions during and after emergencies include:

- Fear about the safety of self and others (including pets)
- Fear and uncertainty about the future
- Distress and sadness about personal losses, including home and belongings
- Fear of displacement and the loss of familiar environment
- Distress related to the disruption of daily routine associated with the loss of familiar places.
- Numbness and helplessness from the lack of control
- Replaying the frightening moments of the approaching disaster or during evacuation
- Feelings of grief over the loss of familiar places, memories, etc.
- Feelings of worry, overwhelm or anxiety about the future

Specific reactions after earthquakes include:

- Fear of earthquake aftershocks
- Fear of, or avoidance of being indoors
- Distress about possible reminders of earthquakes such as enclosed spaces, tall infrastructure, etc.

Common physical, cognitive effects, and behaviors during and after emergencies include:

- Affected mood with irritability, outbursts of anger
- Changes in sleep and appetite
- Lack of interest in routine
- Increased physical health problems
- Difficulties with concentration or memory
- Cognitive challenges impairing daily life and well being
- On the long term, post-traumatic stress disorder (PTSD)
- Nightmares and potential sleep disorders linked to the event

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Specific behaviours after earthquakes include:

- Sleeping outside of home or shelter
- Hypervigilance to strong noises or movements reminding of earthquakes

INTEGRATION OF MHPSS CONSIDERATIONS INTO EARTHQUAKE RESPONSES

Where possible, MHPSS activities should be integrated into disaster response. Activities will differ depending on the local context, type of emergency, and impacts of the disaster. Ongoing assessments and monitoring will determine which MHPSS activities are the most appropriate at any given time. The following outlines some recommended minimum actions for the integration of response.

Minimum actions for disaster/emergency teams:

- Disseminate key psychoeducation messages about common reactions linked with mental health and wellbeing during and after earthquakes, their duration, when and where to seek additional help.
- Ensure frontline workers are briefed on sensitization messages relevant to the disaster so that they can provide correct information to the community. This can increase calm, promote a sense of safety, and trust in disaster responders and their efficacy.
- Train frontline workers and community leaders in basic psychosocial support skills including dealing with difficult and aggressive behaviour.
- Add MHPSS assessment questions to ongoing assessments, ensuring to include age sensitive communication following the protection standards for children and older adults.

Minimum actions for MHPSS teams:

- Advocate for integration of MHPSS activities and for access to care for people with mental health conditions.
- Support emergency response teams to integrate key messages mental health and wellbeing impacts of disasters.
- Support emergency response teams to integrate MHPSS assessment questions to ongoing assessments.
- Support emergency response teams with analysis of assessment results and planning for MHPSS activities, as needed.
- Support emergency response teams to develop, adapt, and distribute clear, relevant, and accurate information, education and communication materials that includes both physical and mental health information.
- With your HR function, ensure that staff and volunteers support activities are being implemented and if not, advocate to your HR department to implement staff and volunteer support including peer support.
- Deliver basic training in psychological first aid and supportive communication for volunteers, health, and community workers.
- Update referral mapping and referral pathways.
- Assist with dealing with complex and severe reactions.

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COMMUNICATIONS CONSIDERATIONS

It is extremely important to communicate in a clear and supportive way when visiting and talking to people affected by earthquakes. Staff and volunteers should be well briefed about the disaster, so they feel confident about the messages they deliver, and they should be trained in psychological first aid, supportive communication, and active listening

Every crisis is personal, and reactions will vary depending upon previous experiences, and what an affected person says may differ from what they are experiencing inside.

When interacting, consider and acknowledge the needs of every person and group, such as:

- age, as children need things explained in simpler language.
- gender e.g. women may prefer to talk to women and men to men.
- culture e.g. will affect how people communicate about mental health and wellbeing, their behaviour and how they choose to access and engage with service providers
- faith e.g. when people need to pray or what they can eat.
- needs and abilities that may affect where and how assistance may be accessed.

Ensuring that these considerations are included in the evacuation process to sensitize the DR teams.

Key psychosocial phrases conveying interest and empathy:

- I hear your concerns …
- You have the right to be (sad, angry …) ….
- I hear what you are saying …
- I am hearing that you are worried …
- In this situation, your reaction is to be expected …
- Maybe we can discuss possible solutions …
- What we can offer is …
- I am concerned about you …
- With your consent, we would like to …

Phrases that are unhelpful:

- Everything will be okay…
- The most important, you are alive…
- Using the word “victim”; rather “survivor”
- Using the word “traumatized”; rather “affected person”

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COORDINATION OF MHPSS ACTIONS & MHPSS ASSESSMENT

Effective MHPSS programming requires close coordination among all aspects of the emergency response. It is recommended that MHPSS teams ensure they are coordinating with stakeholders inside their National Society as well as with external partners. During disaster responses, it is important to collaborate with communication teams so that public messaging includes MHPSS considerations.

In terms of MHPSS assessment, it is important to assess needs to guide planning for potential MHPSS activities. Coordinate with disaster response teams to include MHPSS questions in general assessment, and if feasible join assessment teams or conduct in-depth MHPSS assessments. This may include with other departments within the National Society, with partner National Societies, the IFRC, the ICRC, and with external stakeholders.

The following are suggested assessment questions that can be used to determine MHPSS needs and capacities.

For rapid assessment (usually desk-based):

- How have the consequences of the disaster affected communities' ability to cope post disaster (considering the pre-disaster context)?
  - What are the prior/existing stressors and/or traumatic events?
  - Existence of poverty, conflict, climate risks, inequality, and discrimination etc.
  - Communities' level of autonomy.
- Are there sufficient and appropriate MHPSS resources to cope with the demand for MHPSS support?
  - Are there sufficient MHPSS responses being provided/or planned (by any actor, locally, nationally or internationally)?
  - Does the affected NS have the capacity to respond to MHPSS needs?

For initial assessment:

- What is the severity of the disaster's impact on people's mental health and ability to cope?
  - Since the event, what changes have you noticed in yourself and others?
  - Do you know of someone who has or is at risk of a mental health or psychosocial difficulty and how to respond?
  - In the community, how is mental health perceived, do people support each other (how?) and what resources are there?

REFERENCES

British Red Cross, 2024. A mental health crisis looms after Turkey Syria earthquake

Alisha KC, Connie Cai Ru Gan and Febi Dwirahmadi, 2019. Breaking Through Barriers and Building Disaster Mental Resilience: A Case Study in the Aftermath of the 2015 Nepal Earthquakes

Medecins Sans Frontieres, 2025. Beyond the rubble: Mental health needs after Myanmar's earthquake

UNDRR, 2020. The human cost of disasters: an overview of the last 20 years (2000-2019).

RELEVANT MATERIALS

Caring for staff and volunteers

- Caring for staff and volunteers (video), IFRC Psychosocial Centre
- Caring for Volunteers: A Psychosocial Support Toolkit, IFRC Psychosocial Centre
- Guidelines for Caring for Staff and Volunteers in Crises, IFRC Psychosocial Centre

Integrating MHPSS

- An engagement tool for introducing MHPSS, Working Group 1 of the MHPSS Roadmap
- Key messages to support the integration of MHPSS across 4 specific sectors, Working Group 1 of the MHPSS Roadmap
- Earthquake & MHPSS implications, Indonesian Society for Disaster Management

Basic PSS and PFA

- Mapping of basic psychosocial support courses, Working Group 1 of the MHPSS Roadmap
- A Short Introduction to Psychological First Aid, IFRC Psychosocial Centre

MHPSS assessment

- Rapid Assessment: Psychosocial Support and Violence Prevention in Emergencies and Recovery, International Federation of Red Cross and Canadian Red Cross
- MHPSS in emergencies: Monitoring and evaluation tools for the RCRC Movement. RCRC MHPSS Hub
- Lessons learnt: MHPSS Assessments, Working Group 4 of the MHPSS Roadmap
- Assessment Monitoring Tools and Preparedness Plan for MHPSS, Working Group 1 of the MHPSS Roadmap
- Multi-sectoral MHPSS Needs and Resources Assessments Toolkit, IASC MHPSS Reference Group

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