The current status and issues with the mental health of children in Miyagi Prefecture

*Reference: The Japanese Society of Psychosomatic Pediatrics,
"Children's body and mind", 23, 1 (31-32), 2014

Miyagi Disaster Mental Health Care Center

Naru Fukuchi

I. Introduction

Approximately 400,000 individuals were forced to use shelters due to this earthquake and among these were individuals who required special treatment (e.g., children, disabled individuals). The chaos immediately ensuing the disaster occupied all the mental space of the victims, and there was minimal consideration for others at the time, with everybody simply trying to survive. Currently, the recovery process has entered the mid- to long-term phase, and changes are rapidly occurring in terms of regional lifestyle or support activities. Regional residents are moving from shelters to temporary housing, and each is facing social problems. The root cause of this problem stems from the uncertainty of the future, and the problems that individuals face have changed with time and region. Children are steadily developing under these dizzying lifestyle changes, and various reactions have been observed over time. The objective of the current text is to report on the current status of disaster support in Miyagi Prefecture and to discuss issues for overseeing child development in the region.

II. Characteristics of support immediately after a disaster

The characteristics of support immediately after a disaster are discussed first. Even if teams specialized in psychiatric medical treatment come to shelters immediately following the earthquake to provide support, few evacuees would request support. During emergencies, it is thought that as a general rule, people on-site go beyond their previous professions to do what they can do. It is thought that with time, the specialized skills of care workers are likely to be requested, and support shifts from a "wide and shallow" to "narrow but deep" nature. Additionally, standard mental health fields usually are based on a system where support is provided to a client, but during disasters, it is the care worker who conducts visits to clients. In other words, it is the care worker who needs to shift gears from their previous system.

Groups that take in support (regions, organizations, etc.) must also keep in mind the psychological changes that occur over time. These groups became severely short-staffed once a large disaster strikes, accepting any help that they can get from any individual. In other words, the previous group system's standards weakened, and the turnover of people became more frequent. However, with time, these groups recognized their situation, realizing that it could not continue as such, and tried to return to the old system. At times, this reaction could be excessive. In other words, groups readily accepted help immediately after the earthquake, but as more time passed, they began to reconsider more and more the type of support they received.

The psychological changes among support teams themselves need to be considered as well. This is the psychology that naturally is established between the early groups and latter groups. The disaster mental health care center at which we are active is a support organization established roughly one year after the earthquake, and in other words, was a latter group. Early groups often felt anger at latter groups, asking why they even bothered to show up at such a late stage, whereas latter groups came in with a slightly naive attitude of trying to do their best now. To avoid this type of unnecessary discord and mutual harm, latter groups must pay their respects to early groups, and follow the support procedures established. This phenomenon is thought to be a distinctive feature of the tribal mentality of Japan (Tohoku region).

III. Mental changes in children

The symptoms that occur in children can vary according to their developmental age, which must be kept in mind when considering the mental care of children in disaster situations[1]. Generally, infants are highly sensitive to changes in their environment and exhibit symptoms such as crying or not sleeping. Children in puberty are in the process of developing the skills to accurately mention what is occurring to themselves and can have reactions similar to an adult. In the period between infancy and puberty, in other words, elementary school children can exhibit various reactions. Nearby care workers have the role of both providing direct support to children and reducing uncertainty by providing specific responses to their parents.

Some children exhibited developmental regression immediately following the disaster[2]. Developmental regression is effectively returning to a child and is frequently observed in clinical pediatrics, where children who have experienced scary or difficult times regress to earlier developmental stages. Observations included babbling, asking for hugs from parents, being afraid of the dark, and not being able to be alone. These are usually temporary reactions, so parents must observe these calmly, and confidently provide a sense of security to these children. Care workers explained to the supported adults that “it is not an abnormal reaction, but rather a normal reaction to an abnormal event”.

Children who were scared but endured during the early stages of the disaster sometimes began to show reactions when adults calmed down. There were many behaviors that children conducted to draw the attention of adults. Particularly in the case where younger siblings were present, some children tried to get their parents' attention by competing with their siblings. Some children developmentally regressed after some time, those who intentionally sought to be yelled at by lying or being violent, or some who even tried to curry favor by helping and contributing. Parent-child relationships can worsen if parents do not understand this psychology, so it was necessary to provide objective feedback for the phenomena that were occurring.

As cognitive functions rapidly develop with time, the seriousness of the individual’s experiences is gradually self-recognized. When the uncertainty of when and where another similar event can occur takes hold, the individual can no longer make decisions for the future and feels that fun activity is wasted if not enjoyed then and there. Observations of children immediately using all of their allowances, prioritizing the things they like, and finishing their lunch without concern for other children were all observed. Children can no longer behave in an age-appropriate manner, and this was interpreted as rebelling against their parents. This often resulted in rebelling against the parent at home and getting into trouble with other students at school. Significantly deviant behavior often received strict punishment, when what was needed was advising the child to express their deeply buried traumatic experiences and to empathize with their feelings.

IV. Mental changes in parents

It was thought that there were particularly significant psychological changes in parents who raised children with developmental disorders. Hearing surveys with families indicated all mentioned the importance of connecting with the region. In cases where the developmental disorders of the child are mild, families rarely took the initiative during normal periods to inform their surroundings on their conditions, but during emergency periods this situation flipped and it was necessary for their surroundings to understand the family’s situation. It is difficult to have something that was not conducted during normal periods to function during emergency periods and these families directly experienced the importance of developing networks during normal periods. Children with disabilities often live together in regions, and it should be anticipated during normal periods as to what kind of support they will need. There was an increased need for welfare services such as after-school care following the earthquake, and this is thought to be the changes that were needed during normal periods.

There were some remarks that a support book was necessary. Many children with developmental disorders already receive daily treatment from a family doctor who is already informed on the upbringing and

characteristics of the child. However, these children were exposed to lifestyles to which they were not habituated after the earthquake and many experienced physical symptoms such as loss of appetite or vomiting. Furthermore, these children were not always able to receive treatment from their family doctor under these circumstances, and it was often the case that they would receive treatment from dispatched doctors who were not familiar with the situation. It was thought that a support book would allow doctors who encounter these children for the first time to understand the child's characteristics, and smoothly conduct treatment.

It is possible to reflect on consultation and hospital sites during normal periods. The current status in Japan is such that there are insufficient numbers of specialist doctors who can respond to developmental disorders[3]. It is often the case that families in regions with few specialists need to travel far from their homes to visit specialist doctors. When considering the development of a child in a local region, it is thought that strengthening the connections with nearby generalist doctors is important in addition to faraway specialist doctors. From the medical side, it is thought that it is more important to strengthen the response capabilities of a wide range of general pediatricians and psychiatrists against children with developmental disorders, rather than developing specialist human resources.

V. Conclusion

Various preparations are useful during disasters, but not every event that occurs can be dealt with by preparation alone. When disasters at the scale of the Great East Japan Earthquake occurred, the organization itself that manages communities falls apart, and it takes time before standard regional mental health care systems are restored. Creating networks composed of various professions and regions that are resistant to disasters during normal periods allows for the development of the strongest methods of disaster prevention.

References

1） Nagamitsu, S. ： Somatic symptoms commonly seen in children. Fujimori, K., Maeda, M.(editors) ： Disasters and children's stress. Seishin Shobo, pp.24-27, 2011.

2） Fukuchi, N., Hayashi, M. ： The current mental status of children in the disaster area. Psychiatria et Neurologia Paediatrica Japonica 51, 126-132, 2011.

3） Tanaka, H. ： The current status of training projects for child psychiatrists in Japan [in Japanese]. Children's body and mind 17, 131-135,2008.

Note) Original text