

Six Years After the Earthquake

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We present here the fifth edition of the Bulletin of the Miyagi Disaster Mental Health Center (hereinafter, “this Center”). Six years have passed since the earthquake, and likewise this Center has been active for almost six years. In that time, as with all areas struck by disaster, this Center has been watched over, guided by, and received many kinds of support from all of the people affected. I would like to express our deep gratitude. We have passed the midpoint of the ten-year reconstruction plan and the situation in the areas struck by the earthquake has changed; accordingly, our activities have also changed, and we have entered a phase of once again sorting out the goals of our activities moving forward.

The areas struck by the earthquake have experienced a variety of challenges on the road to resettlement. The number of people living in temporary housing (including privately-rented housing) has hardly fallen and remains high, and migration to emergency public housing has brought many people a sense of insecurity, leading to the major questions of how to build relationships with people in new places and how to build communities there. Support for isolated elderly people is also a major problem, and there have been reports of people dying alone in emergency public housing. Another major problem is supporting children who have grown up amid the stress following the earthquake disaster.

Municipal governments in all areas struck by the disaster are turning to face these issues, and despite their troubles are fervently considering once more how to advance mental health care and psychiatric social work in the region. We believe that from now on, activities should advance based on support for supporters of people in areas affected by the earthquake, but at present we are once again considering what we will leave behind for the future.

Our planned activities are limited to the remaining four years. Since 2016, we have formulated our management plans for the remaining four years with the cooperation of all the areas and people affected by the earthquake, and have officially carried out our public duty with the understanding of the Association of Psychiatric Social Workers, the steering committee, and the prefecture. We aim to implement our plan of action with everyone’s support and guidance.

Without going into too much detail here about the management plan, the following three points are important:

First, we aim to help to strengthen capacity and contribute in areas struck by the earthquake while being mindful of what will remain in the future. We deal with problems in the region along with everyone else, so although building up activities related to mental health is itself the most important item, we must also reexamine each of our activities from the point of view of what will remain in the future, and advance activities that have profound significance for people who are suffering as a result of the earthquake.

Second, for posterity various materials or records of practice will remain in the form of research and study activities. From the perspective of mental health care activities, recording and preserving experiences of earthquake disasters is our obligation to history. To do so, in 2017 we carried out organizational changes and set up a structure that has been implemented as a research division. Concentrating internal and external efforts, we hope to move forward with the advice and guidance of all people involved.

Third, we are tackling the issue of how to create a community psychiatric social work service after the earthquake disaster. There are also problems that are faced in each prefecture (and nationally), not just in the towns and cities affected by the earthquake. Through our daily activities, and through our survey inquiring into coastal cities and towns in 2016, we get the impression of a strengthening sense of impending crisis in all areas. As part of the implementation of mental health care following the earthquake, we keenly felt the importance of community psychiatric social work services in the future, and have been fervently considering how to create a structure for the long term; although this has yet to take shape, it is certainly a topic of great worry and unease.

According to a 2014 nationwide survey, the rate of increase of mental health disorders was far greater in Miyagi Prefecture than the national average. We are preparing integrated structures for health care and social welfare, from primary prevention through to tertiary prevention, and we believe that vigorous, concrete, and meticulous support will be needed in the long term to facilitate relief activities focusing on areas struck by the earthquake, which have continued to face a variety of problems since the disaster. Looking toward the end of the reconstruction plan, it will be necessary to put more efforts into advancing the work of preparing for this. New prefectural plans for community medicine and disability social welfare began in 2018, growing out of a 2017 study, but these must incorporate an ideal image of community psychiatric social work services after the earthquake.

Since 2017, the implementation of a “mental health care forum” has been included in management plans. This was conceptualized as a place to discuss how to build community mental health and welfare structures after the earthquake and, while sharing future plans and the initiatives implemented so far by people in every city, paint a vision of the future for prefecture-wide political measures and initiatives in each region.

Through various opportunities, and united with everybody affected, we hope to look to the future, envision the form of community mental health and welfare services that fulfill people’s hopes for peace of mind in the future in all areas struck by the earthquake, and plan activities that will be effective.

I thank you for your continued guidance, support, and encouragement.