

Introduction

Importance of Continuous Mental Health Support

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It has been seven years. Seven years since that fateful day; yet in our memories, it feels so much more recent, like it was only yesterday. To this day, we cannot help but relive the tragedy again and again. As we see in the press, after seven years, victims are finally grappling with being able to talk about what they went through, and their heavy words must be heard with earnest ears.

Reconstruction efforts in Miyagi Prefecture continue to progress with the redevelopment of infrastructure such as roads and railways and the revitalization of industries key to the local economy, and disaster victims are steadily moving into the approximately 15,400 public housing units that have been constructed. Yet at the same time, over 6,600 people are still stuck in temporary housing, and the number of evacuees to other regions has reached 500. The scissor-like disparity among victims and the isolation and solitary deaths in public housing for disaster relief in the recovery efforts following the Great Hanshin-Awaji Earthquake, as well as continued emotional and mental health support for victims of the Chuetsu Earthquake, have been major challenges on the road to recovery in the wake of disaster. For us, however, the most serious challenges have been in the rapidly continuing depopulation and ageing of the affected area.

Miyagi Prefecture has conducted health surveys in each municipality on disaster victims in temporary housing (container-type and apartment-type) and public housing. The percentage of “senior single households” in container-type housing was found to have increased from 16.4% in 2007 to 22.3% in 2012, nearly double the prefectural average, while the percentage of residents who scored 13 or more on the Kessler Psychological Distress Scale (K6) went from 9.5% to 8.4%, nearly double the average level from the 2011 national survey on citizens’ quality of life. Only a small change, from 18.5% to 18.9%, was seen in respondents who reported having “lack of counsel or a confidant” in their lives. In a 2011 survey of residents of public housing, 28.6% were “senior single residents,” 7.5% had K6 scores of 13 or more, and 16.1% reported insufficient sleep, 2.4% daytime drinking, and 22% “lack of counsel or a confidant.” We have seen victims in TV interviews ask, “But when is the emotional recovery?” These survey findings point to the difficult reality of the healing process.

The Miyagi Disaster Mental Health Care Center (MDMHCC) began its activities in earnest around six years ago. Despite its rough beginnings, we have become a major support line to disaster victims with cooperation from the Hyogo and Niigata mental health care centers and coordination with the city and Tohoku University. From the 6,437 support cases that went through the Center in 2004 to the 6,671 cases in 2008, issues related to living conditions and financial problems are becoming less prominent, but issues related to mental health and family problems are on the rise.

From Miyagi Prefecture’s health surveys and MDMHCC programming, it is clear there is incredible diversification in the mental health needs of disaster victims. Looking to Hyogo and Niigata as reference, organizations must find ways to work together to support victim isolation, and support workers from municipal governments and healthcare centers must coordinate their efforts. Mental wellness must be promoted to residents with local mental health care centered on outreach programs. All in all, it is apparent there is a continuing need for personalized support for our disaster victims.