

Report on Kumamoto Earthquake disaster support activities

Yuichi Watanabe – Director, Psychiatric Social Worker
Planning Division, Stem Center, MDMHCC

1. The story from earthquake to deployment

At 21:26 on April 14, 2016, a magnitude-7 earthquake struck, with its epicenter in Kumamoto Prefecture. 28 hours later, on the 16th, another magnitude-7 earthquake struck, the largest ever recorded, and following that a succession of earthquakes followed in a wide region, including the Aso District of Kumamoto Prefecture and Oita Prefecture.

At the time of writing, on April 18, 2017, 225 people have died (from the 2016 235th report on the state of damage due to issues such as the earthquake in areas of Kumamoto), and at its peak the number of evacuees was over 180,000.

In response to this, Miyagi Prefecture decided to dispatch DPATs (Disaster Psychiatric Assistance Teams), and Miyagi Psychiatric Center first responder teams departed for Kumamoto on the 18th. Since it is necessary to take wheeled vehicles that can be used on-site and support materials such as medical supplies, they actually took 1500 kilos all the way to Kumamoto Prefecture. Afterwards, the second and third responders took over the wheeled vehicles and support materials that they had brought to the site, and took turns continuing support activities for one week each.

Miyagi Disaster Mental Health Care Center staff (one psychiatrist, two psychiatric social workers) formed teams with nurses deployed from Medical Corporation Kokorono Hospital Furukawa Green Hills, and these acted as the fourth responders (Photograph 1). On May 3rd, following the transfer of air lanes from Sendai to Fukuoka, they travelled by high-speed bus from the hotel in Kurume City which they had gone to from the airport. That evening, they took over from the Sendai team of third responders, who had returned to their hotels after finishing their support activities (Heartport Sendai). The materials made on-site were handed over to the logistics officer of the Sendai team (the coordinator). They were introduced in detail to images and maps of the present state of the towns of Mashikimachi and Kousamachi for which they were responsible, and points to remember concerning support activities were clearly specified. Although there was considerable tension and unease about the support activities from the following day onwards stretching on for a week, there was also a strong sense of duty associated with properly taking over the activities that had been carried out by the prior Miyagi team.

2. Beginning of support activities

The first day of support activities was May 4th. This also happened to be during Golden Week, so we left our lodgings a little early, shortly after 6 am. However, contrary to our expectations, there was no significant traffic on the highways, and we arrived at the meeting place, the Mashikimachi Health and Welfare Center, quite a bit earlier than the meeting time. The Mashikimachi Health and Welfare Center was an evacuation shelter, so there were many evacuees and supporters from outside of the prefecture coming in and out, and a peculiar buzz hung in the air. There were collapsed buildings and tower blocks nearby, and the marks left by the earthquake remained pronounced.

Apart from the various teams related to medical care and welfare that flowed into Mashikimachi, which was very severely damaged, support activities were also being carried out by multiple DPAT teams. We

Photograph 1: The farewell party



decided that when counselling related to mental health had been provided to residents, all teams would report to the Miyagi Prefecture team, and the Miyagi Prefecture team would triage with the DPAT teams. Communication was carried out by cellphone and DMIHSS (Disaster Mental Health Information Support System), but personally I as the manager was not experienced using iPads or DMIHSS, and we were in an area with bad radio wave reception, so communication with organizers was not necessarily smooth.

To respond to cases continuing on from the day before, we visited several safe shelters. Movement was unexpectedly difficult because we were in an unfamiliar place, highways had collapsed, and our navigation system was old. We were contacted from a phone number that was not stored in our phone. “This is the team. There is someone from safe shelter X who would like you to come over, but how long would it take for you to get here?” I didn’t remember hearing the person’s name before, and the location of the safe shelter didn’t come to mind, so I had no idea how long it would take to get there. The first day of support we didn’t know our left from our right, and the day continued in chaos.

We believe that our experiences in the Great East Japan Earthquake did come in handy to some extent. However, we learned that carrying out activities in an unfamiliar place can be very hard work. It brought home to us how much hardship was experienced by people who came to support us with the Great East Japan earthquake.

3. Experiencing DPAT (extract from results of Miyagi Prefecture meeting)

From April 18 to May 29, 2016, a total of 33 people were dispatched as eight DPAT teams from Miyagi Prefecture. These were nine temporary staff, eight nurses, four public health nurses, three psychiatrists, six psychiatric social workers, and three office workers. There were 101 people providing consultations (among them 88 providing medical examinations and 20 prescribing medicine), and apart from responding to residents, the main activities were adjusted to suit the circumstances during the time of deployment, such as referrals related to support such as public health nurses, referrals to primary school teachers, lectures and staff consultations for Mashikimachi administration, and coordination of activities for DPATs in other administrative divisions.

When I was deployed, it was right at the time when Hiroshi Kato from the Hyogo Prefecture Disaster Mental Health Care Center was also visiting Kumamoto Prefecture, and under his coordination we were able to convey to people connected with Kumamoto Prefecture some of the initiatives from our experiences during the Great East Japan Earthquake and the Miyagi Disaster Mental Health Care Center. You learn a lot about disaster support through experience. Just as I had benefitted in a variety of ways from instruction from Hyogo and Niigata, I hope that my experiences might in some way have benefitted people.

In the questionnaire survey for people dispatched from Miyagi Prefecture, “Inquiry into DPAT activities responding to the 2016 Kumamoto Earthquake,” 56.3% (18 people) of the people from the teams deployed at this time from Miyagi Prefecture stated that they had prior experience of support, but many of these were during the Great East Japan Earthquake (Table 1), so these support experiences were at home, so to speak. Moreover, only 28% (9 people) had received training in DPATs, and many people, myself included, had no experience of such training (Table 2). Moreover, since a high proportion of the initiatives had not previously been required, such as “training for deployed workers” and “creating a deployment system,” it might be necessary to further strengthen the creation of systems that assume deployment outside of the prefecture.

Table 0-1: Number of people deployed with experience in other earthquakes

Name of Earthquake	People	Ratio
Great Hanshin Earthquake	3	9.3%
Chūetsu Earthquake	0	0.0%
Northern Miyagi Earthquake and Miyagi-Offshore Earthquake	2	6.3%
Iwate-Miyagi Nairiku Earthquake	5	15.6%
Great East Japan Earthquake	18	56.3%
Other	1	5.6%

Table 0-2: Training received in each deployment team

Deployment team	Training experience		Total
	Some experience	No experience	
1	4	1	5
2	2	2	4
3	2	2	4
4	1	3	4
5		3	3
6		4	4
7		4	4
8		4	4
Total	9	23	32

The survey responses also mentioned, “In carrying out support activities, we took care to ‘avoid burdening local supporters.’” In a place in chaos, there are times when supporters advocate for their own wants and when local supporters are overwhelmed. If we could manage to be considerate to people in their home town, then that would simply mean that we had put to good use the lessons we learned in the Great East Japan Earthquake.

Works cited

“Heisei 28 nen Kumamoto jishin hassei ni tomonau saigaihaken seishin iryō chiimu (DPAT) haken katsudou chousa ni tsuite (Inquiry into DPAT activities responding to the 2016 Kumamoto earthquake),” Miyagi Prefecture Welfare Division for Persons with Disabilities, Miyagiken Seishin Public Health Center.