

About this Bulletin

Miyagi Prefecture Mental Health and Welfare Association

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The Great East Japan Earthquake refers to a large-scale, widespread disaster that encompassed an unprecedented magnitude 9 earthquake off the Pacific Coast of Tohoku on March 11, 2011, the large tsunami that occurred immediately afterward, and the strong aftershocks on April 7 of the same year. Approximately 20,000 people died or went missing as a result, with about 60% of these casualties occurring in Miyagi Prefecture. Nearly the entire coastline of Miyagi was affected by the disaster, but the extent and nature of the damage varied greatly from region to region. Even in the field of psychiatry alone, the damage to health care and welfare systems varied greatly in quantity and quality between regions (i.e., creating a patchy pattern of differences¹⁾), and no consistent pattern of damage exists. This problem related to regional differences has made the provision of standardized, uniform support difficult and has had a complex influence on reconstruction plans in the acute and medium- to long-term phases.

On November 21, 2011, amidst political turmoil, a third supplementary budget was finally approved in the National Diet of Japan. However, given the delays associated with these recovery and reconstruction efforts, Miyagi Prefecture had already independently established the Great East Japan Earthquake Reconstruction Fund in early August of the same year. It was the first among the three disaster-affected prefectures to decide upon establishing a Disaster Mental Health Care Center, named the Miyagi Disaster Mental Health Care Center (MDMHCC). A preparatory office was established in November and operations commenced the following month. Nevertheless, the opening of the MDMHCC was delayed by about four months compared to the opening of the Mental Health Care Center established after the Great Hanshin Earthquake. As in cases of the Hyogo and Niigata Disaster Mental Health Care Centers, the parent organization of the MDMHCC is the Miyagi Mental Health and Welfare Association. The Core Center was opened in Sendai City in December 2011. Regional Centers were established in April of the following year in Ishinomaki and Kesenuma—two northern cities in Miyagi Prefecture that were severely damaged by the disaster.

Initially, the primary work of the MDMHCC was general coordination across all areas of mental health care and welfare, human resource training and dispatchment for support purposes, public awareness activities focused on the prevention of mental illness, counseling and visitations (in temporary disaster housing, as so on) related to disaster-associated mental illness, and training in and provision of activity support to civilian organizations and volunteer groups, among other things. Owing to the efforts of the many part- and full-time staff of the MDMHCC, our work has since slowly begun to change in nature, and we hope that by reading this bulletin, you will gain a better idea of the details thereof. Nowadays, as survivors and disaster-affected individuals have just begun to speak of their troubles in the past tense, and as we move into the reconstruction and revitalization of disaster-affected areas, we are wont to turn our eyes only to the brighter, more appealing aspects of the problems that face us. However, troubles of the mind often mingle with societal and social difficulties, and can continue for 10 or even 20 years hence. In that sense, we have but taken the very first step of a long journey toward the revitalization of mental health care and welfare, and I fervently hope that everyone involved in our organization continues to put forth their best effort.

References

- 1) Hiroo Matsuoka. Disaster Psychiatry: Responses and Future Medical Care. “Living in the Present – The Great East Japan Earthquake: Advice for Reconstruction and Rebirth –” Series 4, Medical Care and Welfare (Ed. Osamu Konoike, Shigeru Kudo), Tohoku University Publishing (2013), pp 107–120.