

Reconsidering Child Mental Health After the Disaster

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In response to this unprecedented disaster, many organizations began to support the affected areas immediately after it occurred. In the special role of a child psychiatrist, I joined a mental health care team early on, visiting evacuation centers, making individual visits, and paying attention to family situations, including that of their children. Approximately one year after the earthquake, the places I make rounds at have changed from evacuation shelters to temporary housing, and I now visit schools and kindergartens. The earthquake not only took away what was important to us but also changed our living environment. There is no doubt that this disaster has had and will continue to have a great impact on the environment in which our children grow up. There is a possibility that a disaster of the same scale will occur in areas other than Tohoku in the future, and I feel it is the responsibility of the professionals in the disaster area to report the actual situation so that it may be a clue that enables prompt support in an emergency.

Every day I ask myself what “mental care” really is. Psychiatric care in Japan is a hospital-centered system, one in which professionals wait for people to come in for consultations of their own volition. Therefore, psychiatry as a public health tool that supports community mental health has not been fully developed as an academic discipline. However, after the earthquake, professionals went to the affected areas to raise awareness and pick up high-risk local residents. In other words, there was rapid progress in encouraging people to boost the power of existing regions. My role as a child psychiatrist has shifted to visiting large kindergartens and schools and giving advice to professionals who are closely associated with children. While this shift to community mental health feels like a special event that has occurred in response to emergency needs, I think all these activities are natural. I also believe these initiatives should be continued even after we return to peacetime. Rather than “connecting” children with various emotional and behavioral disorders to the medical care offered by a few child psychiatrists, professionals should go to where these children live and consider how to prevent them from needing to be connected to medical care. It is necessary to reconsider the ideal approach to community and school mental health in the wake of the earthquake.

No one would have expected a disaster of this magnitude. It is important to be prepared, but not all events can be dealt with. It is important to take concrete measures, but the focus should be on ensuring that I feel that people and communities can respond to any eventuality. In the event of a disaster of this scale, the organization that manages the community itself will be destroyed, and it will be necessary to play a role of “connecting” before regaining normal functions. I feel that what a community should work together to nurture is not a charismatic leader but an individual who can act as a “hub” that connects various related organizations. People in these “hub” roles would have a greater degree of freedom; they would go out to various areas and build relationships with various institutions. Even if given a flexible role in your first job after graduating from university, it can be difficult to move with such freedom. I feel that it is necessary to spread these ideas in the prescribed school education and allow them to take root to form a culture that creates “free people.” I believe that developing such human resources from an early stage and allocating multiple personnel to the region will lead to increased resilience. In the area of children’s mental health, it would be good to give school social workers a more flexible role and allow them to become familiar with the characteristics of the children in the area. If you suddenly say “Let’s work together” to someone you don’t normally work with, it won’t happen. For children’s mental health, medical organizations such as those related to pediatrics and child psychiatry, educational institutions such as schools and boards of education, and child welfare organizations such as child guidance and juvenile justice centers must effectively collaborate. Ideally, these multiple networks would be organically connected with each other like a living being.

I feel that future issues for mental health and welfare will be human resource development, collaboration and incorporation between various affiliated organizations, and the dispatch of medical services to affected communities.

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