

## About this Bulletin

Miyagi Prefecture Mental Health and Welfare Association, a Charitable Corporation  
Director – Hiroo Matsuoka  
(Department of Psychiatry, Tohoku University Graduate School of Medicine)

Three years have passed since the Great East Japan Earthquake, and while restoration and reconstruction are progressing, many survivors are still living in uncertain situations, and a form of bipolarization known as a “scissor disparity” is becoming apparent. In the latter case, the doubling and tripling of previous stressors are leading to concerns about increased depression, alcoholism, withdrawal, and prolonged posttraumatic stress disorder (PTSD). Past experiences with major earthquakes suggest that mental health problems will continue to be of significance for quite a long time. In this article, I would like to present a portion of research currently underway in this area.

Research that clarifies the actual state of mental health in the wake of the disaster, aims to solve problems present therein, and seeks to prepare for the future is sorely needed. For this reason, researchers from Tohoku University, Fukushima Prefectural Medical University, Iwate Medical University, the National Center of Neurology and Psychiatry, and the Hyogo Disaster Mental Health Care Center who have been involved in support activities since immediately after the disaster have come together to launch, with the help of a Grant-in-Aid for Scientific Research from the Ministry of Health, Labour, and Welfare, a three-year research project starting in 2012, titled “Research on Epidemiological Surveys to Determine the Status of Mental Illness and on the Development of Effective Interventional Methods after the Great East Japan Earthquake,” with myself serving as the principal investigator. The objectives of this research project are to: (1) conduct epidemiological surveys on mental illness in disaster areas, (2) explore disaster-related mental illness and the development of preventive interventional methods, and (3) construct a mental health care system that can be of use in disaster situations. While our research is still very much in progress, we are currently urgently preparing a part of our results for publication in a handbook for mental health professionals.

The results of this research highlight problems that are deeply linked to findings from recent global epidemiological and early intervention studies on mental illness. From an epidemiological study of a long-term prospective follow-up of the general population in peacetime, anxiety disorder, depression, and addiction, including mild cases that did not require treatment, were found in about 20% of people. These three diseases appear to coexist quite often. On the contrary, early intervention studies of psychosis indicate that during the presumptive prodromal stage, anxiety disorders and depression are often found alongside minor psychotic symptoms. Further, about 30% of people actually move out of this presumptive prodromal stage and develop mental illness, while others recover, some develop depression and anxiety disorders.

We believe this complicated system of changes between multiple diseases and symptoms to be a stress-induced chain of symptoms (the “cause-and-effect network of psychological symptoms”), and that it will be very important in understanding the minds of stressed people and intervening in the problems they experience. In other words, it has become clear that the addition of stress to existing slight psychological symptoms or behavioral changes causes a shift to a more severe state; repeated cycles of this process can lead to a state commonly recognized as “mental illness.” This pattern of symptomatic shifts is largely unique to each individual, but in the West, a new research method known as “lifestyle sampling” has been used to predict these individual patterns and determine diagnoses and treatments. Progress in research in this area is expected to expand our understanding of how to further strengthen an individual’s ability to psychologically recover from disaster experiences.