Continued Conscientious Support

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Miyagi Disaster Mental Health Care Center
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Three years have passed since that day. Even now, close to 90,000 people throughout the prefecture are being forced to live in evacuation shelters. While both the public and private sectors are working diligently toward reconstruction, the progress is slow, and we are still quite far away from feeling that the foundation of our lives has been rebuilt. Meanwhile, the scissor disparity between survivors and disaster areas caused by the reconstruction process itself becomes clearer every day.

According to a financial year (FY) 2013 health survey conducted among tenants of container-type temporary housing, close to 20% complained of some sort of physical illness, while 8.3% were experiencing psychological distress severe enough to warrant support (Kessler Psychological Distress Scale (K6) score ≥13 points); these figures are 1.8 times those observed during the National Life Basic Survey. Further, 21.1% became upset when they remember the disaster, 16.0% had insomnia, and 2.2% drank alcohol during the day. In addition, 19.2% of the respondents answered that they did not have a counselor. During this time, we have been supporting survivors with the cooperation of the Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry, and related organizations inside and outside the prefecture. If we take a look at the FY 2013 Counseling/Visitation Report of the Miyagi Disaster Mental Health Care Center (MDMHCC), we have been associated with 6,236 cases; 54.1% of these involved emotional or affective conditions, followed by sleep issues at 25.6% and loss of appetite, high blood pressure, vertigo, and/or other physical symptoms at 24.6%. Looking at the background factors, we see many contributing elements, including changes in living environment, health issues, and mental deterioration. These survey results indicate that the mental and physical health of survivors continues to be in serious jeopardy, and that multilayered, continuous support is still very much needed.

During this time, we have been conducting visitations, mainly for residents of container-type temporary housing and private chartered housing. In addition, we have given various lectures and case studies for survivors and their supporters. In the future, relocation of survivors into public disaster housing will begin in earnest; however, new situations such as the consolidation of container-type temporary housing are also underway. Most of our cases involve elderly individuals in unstable, precarious life situations and with health concerns. As it is clear that survivors, who have already been exposed to a great deal of stress because of the disaster, are being left with no option but to bear further stress as a result of the reconstruction process, we believe that continued, conscientious counseling work that surpasses previous efforts and is centered around visitation activities so as to prevent survivor isolation is of the utmost importance. For this reason, we hope to deepen our relationships with municipal public health officials and prefectural/external supporters, and in an effort to hold up our share of regional mental health care activities, continue to implement support programming for disaster survivors.