

# Greetings

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## Nine years since the earthquake disaster

Miyagi Prefecture Mental Health and Welfare Association  
Miyagi Disaster Mental Health Care Center  
Director **Akira Kodaka**

As of the writing of this manuscript in May 2020, while the days have become greener and the town has grown increasingly beautiful, the novel coronavirus (COVID-19) is threatening the world, profoundly impacting the maintenance of life, economic activities, and daily life. The areas affected by the Great East Japan Earthquake now face new shocks and loads in addition to the storm and flood damage and various other difficulties faced during the recovery process.

On the scene of daily medical care, I have continuously encountered the following types of people: those who have lost their homes and jobs after the Fukushima nuclear disaster, those who have moved to Miyagi Prefecture, those who have finally begun to see hope of working again after losing their jobs in the ongoing pandemic, and those who after having lost their family in the tsunami disaster during their junior high school years and successfully finding work then suspected coronavirus infection while living alone. These people have withstood isolating anxiety, waited for polymerase chain reaction (PCR) test results, and been relieved to see that they were not infected. Nevertheless, they face ongoing tension at work, with insomnia and anxiety continuing to beset them. Despite these challenges, they live full-fledged lives amidst ongoing disasters and continue to fight against anxiety.

As we usher in the 10<sup>th</sup> anniversary of the Center's activities, we acknowledge that the Center has been involved in national and prefectural reconstruction plans after the Great East Japan Earthquake. Since our inception, we have responded to requests from affected cities and towns and promoted activities focused on home visits to primarily provide support for those who were deemed to be in need of it, according to the findings of health surveys of affected people. During this period, the number of people occupying temporary housing has dropped to less than 30 (as of April 2019), and the maintenance rate of disaster public housing was 100% (15,823 units). According to a recent health survey (the FY2018 edition, as the FY 2019 edition is not yet published), the percentage of those with a K6 of over 13 points who have mental health issues has remained high at 8% (for comparison, the national average in 2016 was 4%). For elderly people who live in disaster public housing, generations that work under strict conditions, those who grew up and became adults in the high-load post-disaster environment, and the child-rearing generation and children, we anticipate that there will continue to be a strong need for mental health and further support, given the continuous storm and flood damage and the effects of the COVID-19 pandemic.

With regard to COVID-19, which is a global disaster, associations like the Japanese Society of Psychiatry and Neurology have expressed concerns about the increases in serious mental health issues in children, elderly people, working generations, and even entire families. They have also emphasized the need for stronger support systems, including suicide countermeasures.

The support activities that we confirmed to be effective through implementation after the Great East Japan Earthquake have been home visits, cooperation, activities that provide opportunities to make interpersonal connections, lifestyle support, activities that deepen people's understanding of mental health, care management, and other basic matters pertaining to community mental health activities. These types of support have been indispensable fundamental aspects in the COVID-19 era, and we believe that these should be provided with even more vigor, while incorporating review, revision, and innovation. In an era that requires the reinforcement of community mental health, which integrates national and prefectural policies, we would like to play a role in affected areas where we can utilize the experience we have accumulated up to this time.

We thank you for your continued guidance, support, and encouragement.