

Mental Health Care in the Wake of a Large-Scale Disaster

While Many Say that it is Important to Prepare in Peacetime...

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This is the 10th year since the Great East Japan Earthquake struck on March 11, 2011. Since then, the horrible landscape of the disaster areas has been changed. It is no exaggeration to say that only the buildings left as "earthquake remains" retain remnants of the area immediately after the disaster. Compared to Fukushima, which was damaged by the nuclear power plant, Miyagi's reconstruction was much faster, and just by observing the scenery, it can be said that it was reconstructed brilliantly. However, many people who experienced that catastrophe complain of sickness, tears, suffocation, and palpitation just by remembering that time. In fact, for most people, the great earthquake is "a disgusting memory that I don't want to remember." There are quite a few people around me who lost their family, relatives, and best friends, but few people talk about the earthquake. Even though new buildings have been built, it seems that "reconstruction of the heart" is still far away. The Miyagi Mind Care Center's activities in the disaster-stricken areas focused on outreach activities deserve great praise. Nonetheless, I cannot help feeling a little uneasy about the direction of future activities, such as a reduction in the scale of activities.

In January 2020, humankind was hit by a new catastrophe called the novel coronavirus (COVID-19). The virus, which broke out in Wuhan, China, quickly spread worldwide, and on January 31, 2020, the WHO declared "a public health emergency of international concern." While drowning in issues including the docking of the Diamond Princess in Yokohama, arrangements for the Tokyo Olympic Games over the summer, and preparations for a visit from Xi Jinping to Japan, this virus invaded Japan and the infection began to spread. As of May 29, 2020, the number of domestic infections increased to 16,715. Further, the number of deaths rose to 884, probably because of the national emergency state issued on April 7, 2020 (canceled on May 25). Although the increase appears to have slowed down, it seems that the only way for humankind to survive in the future is to coexist with COVID-19. In addition to the problem of the number of PCR tests and the test method and test system for antigen/antibody tests, the shortage of infection protective equipment is also severe, and sporadic clusters are still occurring in hospitals and facilities for the elderly nationwide. There have been imminent situations in urban areas that could lead to medical collapses, such as the relocation of fever patients and the lack of beds in the ICU. Under these circumstances, an increasing number of people are making discriminatory remarks and engaging in slander and harassment of people who have been unfortunately infected and of medical professionals who are fighting on the front lines, and their families. It is said that an increasing number of people find themselves developing depressive symptoms or contemplating suicide. We, the psychiatric professionals, are the first to reach out to those who have mental health problems. I am sure I am not the only one that would like the well-trained, experienced staff of the Miyagi Disaster Mental Health Care Center to help us face this new obstacle.

According to the Inter-Agency Standing Committee Coronavirus Epidemic Mental Care (IASC, March 2020), discrimination and prejudice may be directed against people infected with the virus, their families, healthcare professionals, and other frontline workers. In particular, during the acute reaction phase of infectious disease epidemics, Mental Health and Psychosocial Support (MHPSS) measures against such discrimination and prejudice are always required. Simultaneously, MHPSS is a cross-cutting issue that spans all departments and emergency response centers involved in its response, and transparent cooperation and

integration of technical expertise are vital ("Importance of cooperation"). It is essential to share MHPSS information and tools among the above departments and institutions given limited resources. Further, measures to fill in gaps in staff knowledge and skills through online training are also useful. In the event of an infectious disease epidemic such as COVID-19, appropriate MHPSS responses tailored to local situations, needs, and circumstances, are required. In Miyagi Prefecture, as is the case throughout the country, it is essential for medical institutions such as university hospitals and related departments of prefectures and cities to share information and build a collaborative system between highly specialized related organizations such as government agencies and the Miyagi Disaster Mental Health Care Center.

Since the Great East Japan Earthquake, disasters that could not have been imagined have occurred every year such as those caused by torrential rain and landslides, heavy snowfall, volcanic eruptions, storm disasters caused by large typhoons, and damage caused by COVID-19 infections. There are various debates about the ideal care center for Miyagi. However, considering the current situation of these recent disasters, the center's significance as a professional group for responding to MHPSS in the event of disasters is immeasurable. I will finish the manuscript with the hope that the center will continue to play an active role in the future.