

## Foreword

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# A Continued Conscientious Relationship

Miyagi Prefecture Mental Health and Welfare Association

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More than eight years have passed since the Great East Japan Earthquake. As the anniversary of the disaster—March 11—approaches, and we recall the events of that day, I am sure that many of us cannot help but feel both deep sadness and profound regret.

According to official summary statistics provided by Miyagi Prefecture, as of March 2019, the disaster has resulted in a total of 10,565 casualties (including those that are disaster-related); 1,221 missing persons; 334 people being moved into emergency housing; 309 people being moved into private chartered housing, and 145 individuals being evacuated from the prefecture (as of April 11). In contrast, in terms of reconstruction efforts, as of the end of March, the following progress has been achieved: 100% of planned disaster public housing has been constructed – a total of 15,823 homes - and 94% of planned public works facilities have been built, including approximately 40% of the proposed seawall.

The results of a joint online survey polling the residents of the three prefectures most affected by the disaster were published in the March 11, 2019 issue of *Kahoku Shimpō*. “30.4% of polled disaster survivors indicated that their current circumstances were “worse” than they had been before the disaster—it seems the upward trend that had continued until 2017 has taken a turn for the worse, and the progress of reconstruction efforts has stalled.” Further, an editorial published on the same day titled, “Time Passes, but Reconstruction is Still a Work in Progress” reported the following: “The damage wrought by this earthquake defies description. Though it is as much our responsibility to continue to push forward as it is anyone else’s, the areas affected by this disaster are still hurting. As time passes and support of all kinds peters out, we cannot let those who continue to lead a harrowing existence to be forgotten.”

Let us look back at the activities of this center in FY 2018. Elderly individuals in their 60s and 70s constituted the majority of those we worked with, even as inquiries from individuals seeking counseling increased. While there was a slight decrease in health surveys and all home visitations, contracts and requests from public agencies remained high. In terms of motivation, the most common reasons why individuals sought counseling included mental health concerns, health issues, family/domestic problems, and addiction-related issues. Up until last year, the prefecture had collaborated with cities and towns affected by the disaster to administer health surveys; these surveys indicated an increase in the number of elderly people living alone and individuals without someone to talk to, among other issues. The center’s activities over this fiscal year underscore these trends while highlighting the importance of maintaining and promoting the mental and physical health of disaster survivors through general health checkups and other efforts.

Three days after the earthquake occurred, I received an email from a friend of mine who was involved in supporting survivors of the Great Hanshin-Awaji Earthquake. “When these many areas are affected, I think you’re going to need many different kinds of support, too. You should provide mental health care once people have been fed, clothed, housed, and as soon as basic welfare plans have been set up. But you can start providing information and beginning conversations right away.” This was an important piece of advice on mental health care; however, as our post-disaster mental health care efforts approach their eighth year, and when I see how disaster-affected areas are plagued by depopulation, aging, and widening gaps in community and family strength, I realize how these factors eat away at survivors’ mental and physical health. This is why revitalizing our neighborhoods and communities is an incredibly important task. As we work closely with affiliated organizations to rebuild cities and towns, we must also strive to maintain a continuous, conscientious relationship with those around us, and remain dedicated to our goal of providing mental health care to whoever may need it.