

Need for continuous detailed mental health support

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Five years have passed since the day of the earthquake. People may have had various experiences during the period. However, nearly 50,000 people are still forced to live in container type temporary housing or privately rented temporary housing (deemed temporary housing) after the earthquake.

In the beginning, many mental health care teams from all over the country contributed to the support of shelters and other release activities. As the housing type changed from container type temporary housing to public housing, affecting the living environment and the progress of the recovery process in the disaster area, the emphasis has been shifted to continuous detailed support for victims and mental health care for the local community.

During this time, the prefectural government has conducted health surveys among victims in cooperation with the affected cities and towns and published the results of the 2015 health survey of residents of container type temporary housing. According to the report, households of senior singles aged 65 years and over accounted for 22.7% of the affected population and this number had increased year by year since the 2012 survey. According to the assessment with the K6, the prevalence of patients with a K6 score ≥ 13 was 7.5%, which is 2 points lower than in the 2012 survey. According to the analysis by age group, the prevalence was significantly higher in the elderly group than in the younger group (e.g., 10.0% for men aged 80 years and over, and 12.5% for women aged 80 years and over). Also, 17.1% of respondents said that they may be upset by their memories of the disaster, and 16.1% of them said they had insomnia. The prevalence of those who drink more than three times a day and four days a week was 9.5%, which is 2.1 points higher than in the 2014 survey. As described above, the mental health of victims still living in container-type temporary housing is still serious, and therefore continued support is needed.

Under these circumstances, our activities have been performed within the cities and towns in collaboration with the municipalities. The focus is on: (i) visits to homes and container type temporary housing based on requests from high-risk individuals, who were identified in health surveys, and local supporters; and (ii) workshops for victims and stakeholders. The most common consultation situations were health problems, psychological disorders, family problems, changes in the living environment, addiction problems, etc. The most common consultation issues were related to mood and emotions, sleep problems, and somatic symptoms that have not significantly changed in the past three years.

As the housing type shifts from container type temporary housing to public housing, we continue to provide detailed mental health support focusing on the mental health of the victims in collaboration with the municipalities aiming at the recovery of the entire community mental health care system.