

Rebuilding community mental health and developing detailed support activities

Miyagi Prefecture Mental Health Welfare Association

Miyagi Disaster Mental Health Care Center

President - **Hidekatsu Shirasawa**

The fifth spring has come since that day. While there is some good news about disaster-stricken areas, such as the arrival of disaster public housing, the recovery of railways, and the rehabilitation of local industries; the aging of residents and declining population are casting a serious shadow in rural areas. Looking at the living conditions of the victims by prefecture, as of March 31, 2015, the number of completed public housing units for disasters was 5,289 with a progress rate of only 34.1%, and the number of prefabricated temporary housing and private rental housing residents were 61,503. Also, there were considerable differences in the state of disaster public housing development among regions where the municipalities reported the number of unpredictable temporary housing residents to be approximately 20%.

The prefecture has been conducting health surveys of residents in temporary housing in both cities and towns. However, each year the numbers are increasing by – 22.3% of elderlies living alone, 19.1% of individuals who's health is “not very well” or “very bad”, and 55.1% of those with a disease. In terms of mental health issues, the proportion of individuals who feel severe psychological distress based on the K6 scale is 8.2%, having hardly decreased relative to the previous year. Furthermore, while researching about the presence of a person to talk to, as many as 20.8% answered that they did not have anyone, displaying a concern for disaster victims' isolation.

The Miyagi Disaster Mental Health Care Center (MDMHCC) has been engaged to increase public awareness, support for residents and supporters, human resource development, and support for various activities to maintain and improve the mental health of the disaster victims. Looking at the residents' support activities in FY2014, the total number reached over 7,000 with 63.6% of the total having some kind of problem. The breakdown was 29.1% for mood and emotion-related issues, 19.6% for sleep problems, 14% for physical symptoms such as headaches, and 11.2% for complaints of anxiety symptoms.

From the prefecture data and our activities, we have found that residents in the affected areas still have difficulties with their physical and mental health. During this time, we partnered with municipalities and related organizations to rebuild community mental health activities. In providing support, the emphasis was laid on consulting and visiting individuals labeled as high-risk due to their mental health concerns based on the conducted health surveys.

Now, it is necessary to re-examine the current state of the reconstruction process in the stricken area and share the various issues that have arisen with those involved. Looking back at the four years since the disaster, mental health issues are expanding more than ever. To respond to these issues, the development of community mental health activities based on the perspective of public health alongside the construction of a community mental health system and community network that are responsible for them, are essential requirements. If daily consultations and visiting activities are the warp, the development of a population strategy that addresses local issues is the weft. In the past, there was an ancestor who raised the public health flag high and exclaimed, “Activities for community mental health!”, but this must truly be questioned in the affected area in Miyagi.