Other journal articles

Community regeneration and resilience (psychological recovery) in disaster areas

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Current status of Miyagi Prefecture

Watanabe: Thank you for your time. First, I would like to report on the current status of Miyagi Prefecture. There are still over 60,000 individuals in Miyagi Prefecture who live in container type temporary housing and presumably temporary housing. We have annually conducted health surveys for these residents in the Miyagi Prefecture. We would like to introduce several categories to note from these results.

First, if we look at the data that shows how household compositions have changed over time, we can see that the number of single-person households is presumably temporary housing and container type temporary housing has gradually increased. Next is mental health. The question criteria "K6", which measures anxiety and depression status, is included in health surveys. According to surveys, the percentage of individuals who experience psychological pain to the extent that support is necessary is at 6.7% and 8.2% in presumably temporary housing and container type temporary housing, respectively, in FY 2014, which is still higher than the national average of 3%. The number of individuals who have responded with regards to alcohol that they "engage in the morning or daytime consumption" has gradually increased since 2011, but in 2014, this trend was effectively flat, although the percentage among men in their 50s and 60s had increased. Additionally, the percentage of people who responded that they have "nobody to consult with" was virtually identical to the previous year and has stubbornly remained the same.

Analysis results in 2012 and 2013 on the risks of residents in temporary housing showed that men were at higher risk of psychological and drinking problems than women. When compared by profession, housewives and unemployed individuals were at higher risk of psychological or drinking problems than office employees, and a large percentage of public employees were shown to have shouldered heavy burdens in work following the disaster. When compared by household composition, single-person households are at higher risk for psychological and drinking problems than other household types. In other words, additional attention must be given to alcohol-related problems in single individuals. Additionally, when questioned on the presence of a consulting individual, the risk of individuals who responded that they do not have a person to consult with is becoming particularly high in terms of psychological problems. When individuals who are engaged in various activities are used as a standard, those who do not engage are said to be at higher risk of "psychological problems" and "physical conditions". Currently, the percentage of single-person households is extremely high, and approximately 20% of individuals have responded that "they have no one to consult with". The percentage of individuals who start drinking in the morning has not decreased either. Four years following the earthquake, many individuals' lives seem to have returned to some degree of normalcy, but the reality is that there are increasing trends of isolation in these same communities.

Facing these types of regional conditions, we have conducted a variety of support activities. We have learned from experience that simply setting up consultation desks and waiting for victims does not result in consultations. We have conducted direct approaches based on visits to high-risk individuals, using prefectural resident surveys as an instigating factor. We have also provided places where people can informally meet, such as salons or farming projects, for individuals whose risks have not surfaced. People often mention that the keywords in disaster areas are "social bonds" or "connections", but it is precisely because these problems are present in the background that individuals must connect.

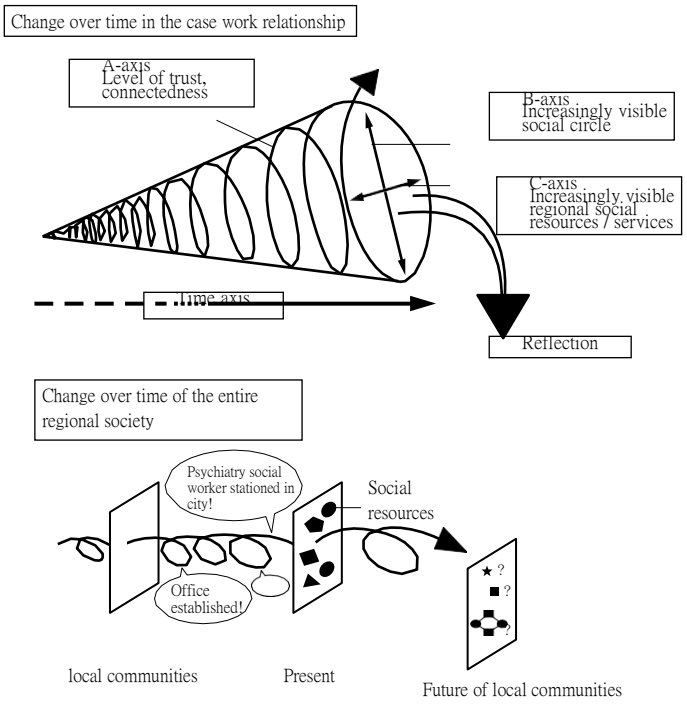
Today's theme of "resilience" seems to have many interpretations, but I believe that this term is defined by a combination of flexible strength, personal factors, and external factors. There are many personal factors, but I believe that increasing the self-efficacy of local individuals, with sentiments of "wanting to do something" or "can do something", is important for the disaster area of today.

External support organizations are steadily withdrawing from the Miyagi Prefecture. In these contexts, local individuals are trying to initiate various actions by establishing NPOs and businesses. It is important to draw out, cultivate, and support these sentiments, and at the same time, we need the external factor in the form of a system that helps realize these sentiments. For example, when public housing was established, individuals from local neighborhood associations had tried to invite and communicate with the individuals scheduled to move in, and some initiatives tried to connect volunteers with individuals who needed them. The individual residents must wish to take shape within the region itself. I believe that this is what promotes social unity with neighbors, or the "collective efficacy" that expresses the desire of individuals to act in the public interest. And I believe that it is by increasing this collective efficacy that we can increase resilience and further promote the regeneration of the region.

Today, many individuals in Miyagi prefecture have manifested the resilience that is inherent in all of us and has returned to their intended healthy lifestyles. I also believe that the support activities conducted to date, those to be conducted in the future, and each initiative will result in increased resilience. It is the dual activities of the actions of these individual residents and the management of external environments that share commonalities with the perspectives of social work that we have conducted to date.

Figure 2 shows the "relationship perspective" shown in pg. 261 of the "lifetime training system common text (2nd edition)". I have always been a staff member of a psychiatry clinic, but I feel that I have always kept this figure in mind as I engage in my clinical work or as I engage in my work in the disaster mental health care center, where I contribute to support activities in the disaster area.

Figure 2 Involvement perspective



It is because of this figure that I have been able to engage in my duties without shifting these axes. And it is most important to "emphasize the needs" as a major premise. We may sometimes feel, "why now?". However, as obvious as it may seem, I believe that what has been the most left behind during disaster area support is this point. I would like to conclude my remarks by re-emphasizing this point.

Note) Original text