# How should we provide mental health care for affected people after nuclear disasters? lessons from Fukushima disaster

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# Differences between natural and nuclear disasters

	Natural disasters	Fukushima disaster
Impact of trauma	Acute, instant	Chronic, continuous
Affected area	Visible, clear	Invisible, unclear
Physical loss	Apparent	Ambiguous
Psychological acceptance	Relatively easy	Very difficult
Compensation	Simple, limited	Complicated, unsettled
Groundless rumors	Rare	Common
Stigma and self-stigma	Rare	Common
Voluntary evacuation	Few	Numerous
Evacuation	Near, relatively short-term	Remote, long-term
Cohesiveness of community	High	Low
Psychological recovery	Dependent on physical relief	Independent of physical relief

# Initial phase (~6 months?)

- Adequate risk communication is required, but extremely difficult in this phase. Asking the public to keep calm often provokes negative reactions among them. It could be regarded as underestimation or concealment.
- Acute stress reactions often appear with <u>intense aggression</u>, which could traumatize different rescue and/or relief workers including medical and welfare staff.
- Preexisting care system should be weakened due to evacuation of health professionals.
- Alternatively, new mental health care system that can provide longterm psychological care in disaster area might be needed.
- •In many cases, Psychological First Aid(PFA) can be effective. Training in advance is required.

Fukushima Center for Disaster Mental
Health (FCDMH)

- ◆Established in 2012
- ◆About 40 staff (clinical psychologists, social workers, nurses, occupational therapists, etc.)
- ◆5 branches in Fukushima
- Activities
  - √ Visit service (outreach)
  - √ Group activities for evacuees
  - ✓ Educative programs for other parties concerned (e.g. community nurses, administrative officers)
  - ✓ Making relationship with other mental health facilities





#### PFA Action Principles

#### Prepare

- ·Learn about the crisis event.
- Learn about available services and supports.
- Learn about safety and security concerns.

#### Look



- Observe for safety.
- Observe for people with obvious urgent basic needs.
- Observe for people with serious distress reactions.

#### Listen



- Make contact with people who may need support.
- Ask about people's needs and concerns.
- Listen to people and help them feel calm.

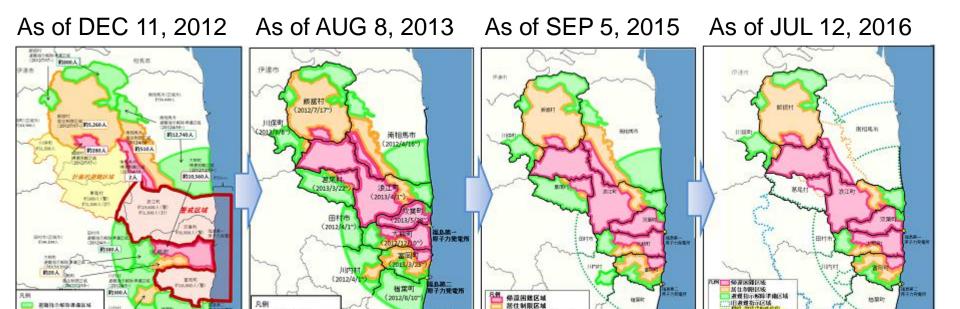
#### Link



- Help people address basic needs and access services.
- Help people cope with problems.
- Give information.
- Connect people with loved ones and social support.

# Recovery phase (6 months ~)

- This phase is much longer than that of natural disasters.
- While risk communication is implemented, concerns among affected people extend to not only radiation health effects but also other broad matters (financial issues, future plans, medical and welfare service, etc.)
- Evacuation-related health issues (non-radiological health problems) including <u>suicide</u> should be growing up.
- Stigmatization emerges between the public and affected people.
- Dispersal of evacuees weakens community ties.



20km

広野町

佛遊困難区域

居住制限区域

型超指示解除準備区域

高性利限区域

使用发展区域

\$560 A

#### Number of evacuees

Evacuees in Fukushima: 7,915

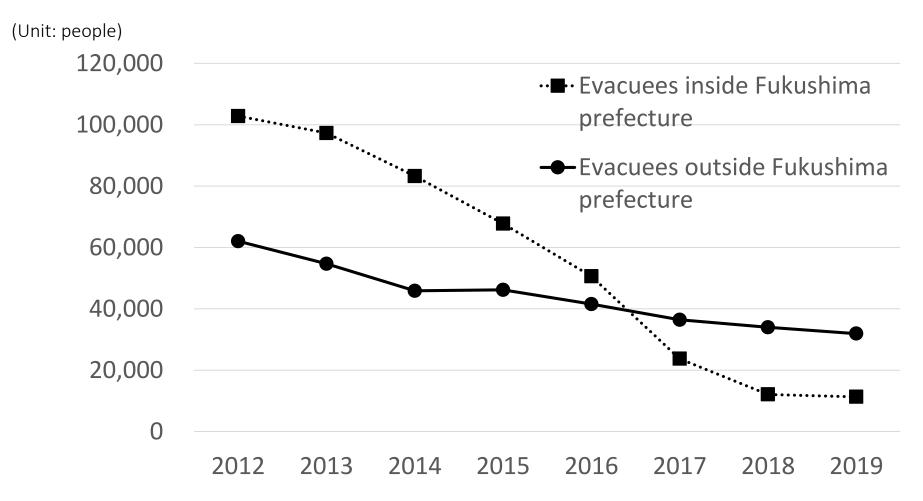
Evacuees out of Fukushima: 30,740

(As of Mar, 2020, Fukushima prefecture)

20km

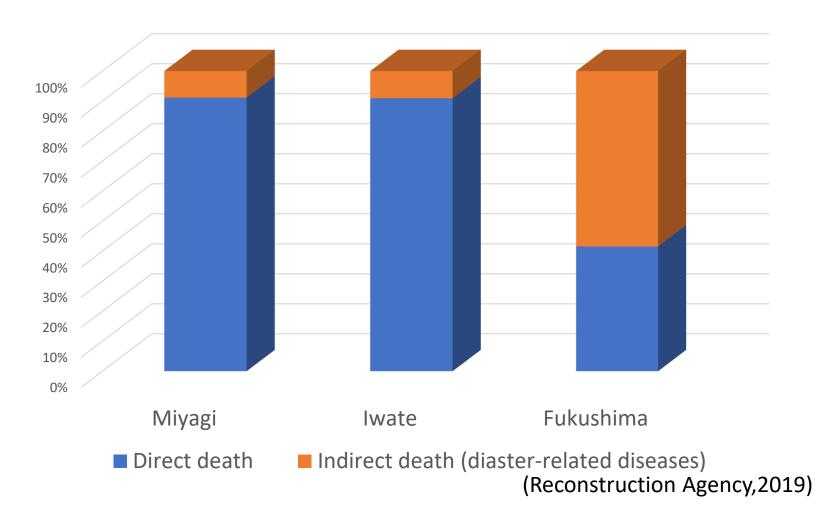
20km

### Evacuees inside and outside Fukushima Prefecture



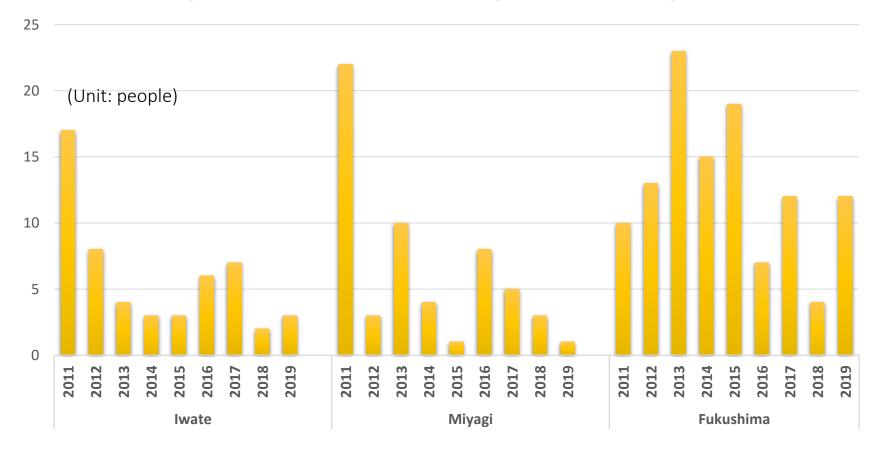
Fukushima Prefecture. *Steps for reconstruction and revitalization in Fukushima prefecture* (2020). Available online at: https://www.pref.fukushima.lg.jp/uploaded/attachment/394169.pdf (accessed Sep28, 2020).

#### "Direct death" vs "Indirect death"



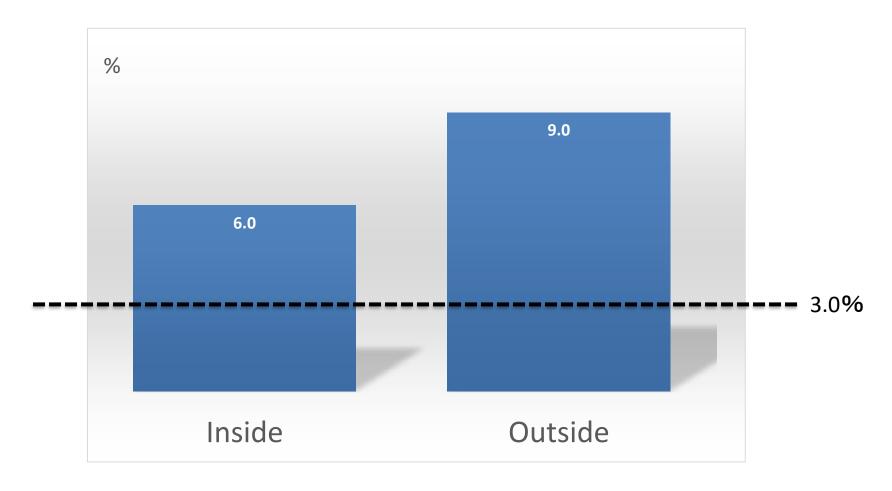
Direct death: death can be directly ascribed to disaster (earthquake or tsunami)
Indirect death (disaster-related death): death occurred as a consequences of environmental problems in evacuation life

# Disaster-related suicide in prefectures affected by the Great East Japan Earthquake



Japan Ministry of Health, Labour and Welfare. *The Number of Suicides Relating to Great East Japan Earthquake 2019*. (2019). Available online at: https://www.mhlw.go.jp/content/202008-shinsai.pdf (accessed Sep28, 2020).

# Comparison of prevalence of evacuees at risk of psychiatric disorders between in and out of Fukushima in 2018 (based on K6)



# Approach to those evacuated in remote area

- Outreach (visit service) is often very difficult
- Telecommunication (telephone, internet, etc.) is useful
- Sharing correct information about current situation is needed.
- Multidisciplinary approach is required

### Brief intervention by Telephone

- Our team has about 17 staff including clinical psychologists, social workers and nurses.
- The telephonic interventions were provided for respondents who showed high score in <u>SDQ</u>, <u>K6 or PCL</u>.

### Strength and Difficulties Questionnaire (SDQ)

Parents of children aged 4 through 15 years were asked to evaluate their children's behavior

#### **Kessler 6-item questionnaire (K6)**

To estimate general mental health, especially depression

#### PTSD Checklist (PCL)

To estimate PTSD symptoms



### Long-term recovery phase

Mental health care system needs to function for very long time (at least 10 years?)

Social countermeasures for public stigma (e.g. anti-stigma campaign) may contribute to empowerment of affected people

Relief workers are extremely overworked and easily exposed to negative feelings (anger and complaints) among affected people. Supporting such workers should be key to success of the restoration.

#### Exhaustion of relief workers in Fukushima

Results of diagnostic interview for public employees working in the disaster area (n=168, in 2013-2014)

•	Depression	17.9%
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- Suicide risk 8.9%
- Sleep difficulties 72.6%



97% of the participants were exposed to frequent anger or complaints from evacuees

Maeda et al . PCN 2016

