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Special Feature Article

Provision of Aid and its Acceptance in the Acute Phase and during Mid- and Long-term Recovery Period of Natural Disaster: Through the Experience of Great East Japan Earthquake

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Abstract

During the Great East Japan Earthquake, many different states of disaster were witnessed across a wide portion of the affected areas. Furthermore, there were different issues related to the provision of aid and its acceptance, depending on the phase of the disaster at the time. For the disaster-affected areas that require long-term support, aid with a longitudinal and long-term perspective that starts immediately after and/or during the acute stages of a disaster is well-received. In addition, the level of mental health support activities/services available in a community differs depending on the region. Thus, increasing such levels with only a short-term perspective may not be helpful or may even become burdensome in the long-term. It is therefore necessary to recognize the differences in needs and ability to receive support aids in the affected areas, so that the recipients of such aid can construct an aid acceptance system suited to their needs and under their control.

An example of an aid recipient having prepared autonomously for a disaster before a natural disaster struck is Sendai City, in which the municipality prepared guidelines on mental health and welfare activities during disasters, created a mental mindset and system for the disaster relief aid recipients, and published guidelines on its website for external aid providers. After the Great East Japan Earthquake, a conference on mental health for medical and welfare workers was established in Miyagi Prefecture to facilitate the exchange of information. It was found during this time that having established a face-to-face relationship among the relevant parties in the community on a daily basis proved to be helpful in enabling the provision and receipt of aid following the disaster.

Cooperation with local supporters will become key to establishing a stable aid provision structure for the mid- to long-term, and not just for the acute phase taking place immediately after a disaster. The tasks that face Miyagi Prefecture, in which eight years have passed since the Great East Japan Earthquake, is to smoothly transition from receiving "special" aid specific to natural disasters to "normal" support for regular periods. The Miyagi Prefecture is on the cusp of entering a new phase in which it will examine the state of aid to be provided in the future after first understanding the position of the local people, who had been receiving support as disaster relief and aid recipients. Supporters and aid recipients are in an interchangeable position and, as such, the ability to provide aid and to receive aid could be considered a closely intertwined relationship-akin to being two sides of the same coin.

Keywords: the Great East Japan Earthquake, aid recipient, disaster, mental health care after disaster community mental health

Introduction.

When a major disaster strikes, a large number of supporters come to the disaster area, and local supporters are required to work together with external supporters to provide assistance. Although external supporters and local supporters have many things in common, it is important for them to

understand that they have different roles and positions in order to provide collaborative support (Table 1). In addition, local supporters are not only supporters who conduct support activities, but also recipients who receive support from the outside. While most external supporters are prepared to provide assistance, local supporters

who have just experienced an unexpected disaster are often unprepared to provide disaster relief.

For local supporters in this situation, outside supporters can be both a great help and a great burden, and their involvement can be harmful. All supporters should be aware that even well-meaning supporters can become intruders and wrongdoers. It is important to examine how support should be provided so that outside supporters do not burden or hurt local supporters unnecessarily, or leave them with problems that they cannot handle after the supporters leave. On the other hand, local supporters and residents of the affected area should take measures to reduce the risk of further "damage" from outside supporters, and at the same time, increase their readiness to accept support from outside during normal times.

In this paper, eight years after the Great East Japan Earthquake struck (at the time of the symposium's presentation: June 2019), Miyagi Prefecture officials reviewed their experiences in the immediate and acute phases of the disaster.

I. The immediate and acute phases of the Great East Japan Earthquake in Miyagi

In the immediate aftermath and acute phase of a large-scale disaster, support

from outside the disaster area becomes necessary. In Miyagi Prefecture after the Great East Japan Earthquake, as shown in Figure 1, a large number of supporters and support groups provided assistance in the area of mental health care 3). The support in each region was not limited to the areas within the jurisdiction of the local governments in the affected areas, but also included many needs in areas that the local governments do not usually have jurisdiction over, and support was provided through various channels. In Miyagi Prefecture, the traditional mental health care system was used to provide support to the victims, and in addition to the conventional mental health care team, a team coordinated by the Tohoku University Department of Psychiatry and a team coordinated by the Japan Association of Neuropsychiatric Clinics and the Miyagi Prefecture Association of Neuropsychiatric Clinics also worked as a mental health care team 3).

When receiving support from a large number of external supporters, it is necessary to coordinate the supporters according to the damage situation and support needs of each region. While it may be possible for external supporters to play a coordinating role to some extent, the role of local people as pilots is more significant. In order to minimize confusion in the acute phase and

provide effective support, it is necessary for local supporters and external supporters to cooperate with each other and coordinate the entire situation flexibly 3).

II. Cooperation of local supporters in the acute phase

On March 15, four days after the Great East Japan Earthquake struck, a meeting of mental health professionals in Miyagi Prefecture was held to exchange information and discuss future measures 3). This meeting was subsequently held on a regular basis as the "Great East Japan Earthquake Miyagi Prefecture Mental Health and Medical Welfare Measures Meeting". During the meetings, information on the disaster situation and support needs in various parts of the prefecture, trends in support teams, and the activities of people involved in the prefecture were shared. In this way, the strengthening of the network among local people involved in post-disaster support ultimately helped to enhance the region's ability to receive assistance. In particular, post-disaster support needs change from time to time, and in Miyagi Prefecture, which suffered widespread damage, the situation differed greatly from region to region. For this reason, careful assessment by multiple local officials and flexible coordination of support were necessary. In order for

local supporters on the receiving side to be proactively involved in disaster relief, it was extremely important for them to cooperate and share information.

III. Example of receiving aid in Sendai City during the acute phase

In the acute phase of the disaster, many municipalities had difficulties in receiving support from the outside, but Sendai City, which is an ordinance-designated city, has been evaluated as having relatively smooth support in the area of mental health and welfare. This was due to the fact that it had prepared guidelines for community mental health and welfare in the event of a disaster, including a pre-developed disaster support system, in 2008, before the disaster struck. The Sendai City Mental Health and Welfare Center coordinated the entire support system, including the acceptance of external support, while backing up each ward health and welfare center (public health center), which was positioned as the main provider of support.

Knowledge of and preparedness for disaster relief were important for the recipients, as was the establishment of a system in advance. In addition, it was necessary to conduct assessments that included the outlook for the future, and in particular to evaluate support according to the timing of support. In doing so, a bird's-eye view of the entire

situation was also required, without falling into the narrowing of vision unique to the disaster area, which tends to focus on the local area as much as in the acute phase. In addition, it was important to be able to communicate with the external team and exchange opinions frankly while showing respect for them, preferably with a sense of equality.

Lastly, we would like to point out the importance of the coordination function. This not only facilitated the support, but also reduced the burden on the local supporters. In addition, it was considered important for the coordinator to act as a behind-the-scenes person in order not to take away the initiative of the local supporters.

IV. Medium- and Long-Term Support: An Example from Karakoro Station

Karakoro Station is operated by a general incorporated association, Earthquake Disaster Mental Health Care Network Miyagi (Representative Director: Keizo Hara), which was established after the Great East Japan Earthquake, and has continued to provide support in the area of post-disaster mental health in Ishinomaki, Higashi Matsushima, and Onagawa through the Ishinomaki City Mental Support Base Project and the Miyagi Prefecture Outreach Promotion Project (disaster response version). In this

study, we examined the effects of the earthquake on the mental health of people in Ishinomaki, Higashi Matsushima, and Onagawa.

Karakoro Station is characterized by the fact that it regularly receives supporters from the Japan Association of Neuropsychiatric Clinics, and more than 360 psychiatrists and 200 co-workers (nurses, psychologists, mental health workers) are engaged in support activities every year. At Karakoro Station, full-time staff and outside supporters collaborate and continuously conduct a wide range of activities, such as home visits, in-person consultations, telephone consultations, workshops, and lectures, and these activities are highly evaluated by public health nurses in the affected areas. Karakoro Station is a good example of a local support group accepting outside supporters as beneficiaries for a long period of time and continuing to provide support after a disaster.

V. Support strategies that change with time

In the medium to long term, a few months to a few years after the disaster, the support needs of the community will gradually change, and it will be necessary to provide support according to the changes in support needs. Figure 2 shows an outline of the necessary strategies that vary depending on the

time period from the acute to the mid- to long-term. It moves from the immediate and acute phases, in which emergency support is provided, to the mid-term, in which high-risk individuals are identified and the necessary follow-up is provided, and to the long-term, in which the mental health of the entire community is targeted. In other words, there will be a shift from a strategy centered on a high-risk approach to a strategy centered on a population approach. From a medium- to long-term perspective, it is also important to raise awareness and develop human resources throughout the community, shifting from a time when basic skills must be shared widely to a time when human resources with more advanced specialized skills must be developed. Support organizations that specialize in medium- to long-term support, such as the Miyagi Psychological Care Center, take care to provide support from a longitudinal perspective according to the individual circumstances of the affected area by gradually deepening relationships with local supporters who are recipients.

VI. Rapid growth and sustainability of support needs and supporters after the disaster

According to data such as the Report on Community Health and Health Promotion Project 2), the number of

consultations on mental health activities in the coastal areas of Miyagi Prefecture has almost doubled since 2012, after the disaster, compared to 2009, before the disaster. Support organizations established after the disaster, such as the Kokoro Care Center and Karakoro Station, are handling about one-third of the total number of consultations in the coastal areas of Miyagi Prefecture. In addition, the number of consultations by local governments has increased by about 1.5 times compared to the number before the disaster, and the number of consultations related to alcohol and suicide has increased. In parallel with this increase in support needs, the number of supporters has also increased after the disaster, with a rapid increase in the number of professional supporters through mental health care centers and outreach programs, and an increase in the number of public health nurses through fixed-term employment and dispatch by local governments.

VII. Where is the Increased Volume of Support? - Challenges for the Termination Phase

In Miyagi Prefecture, eight years after the disaster, the biggest issue is how to think about the end of support and what to do and at what pace (Table 2). With the passage of time, post-disaster mental health activities have gradually

become integrated with mental health activities during normal times. It can be argued that the increased support needs are now being met by the increased number of supporters, but there is also concern that support needs are being uncovered. What is important here is how to prepare for the reality of the near future, when the reconstruction budget will be reduced and eventually it will be necessary to hand over to mental health welfare activities that will be continued by local supporters. The number of supporters increased by the reconstruction budget will gradually decrease in the future, and sudden downsizing may cause anxiety among local supporters about the future. Therefore, discussions are underway between external and local supporters to set goals, but there is not much time left. In the future, it will be necessary to rebuild and raise the level of community mental health welfare toward the end of the disaster recovery support.

Conclusion.

Support in the immediate and acute phases is time-limited, and the goals of support are relatively clear. In order to minimize the risk of being confused or harmed by the large number of supporters who arrive in the immediate and acute phases of a disaster, it is necessary for local supporters to make concrete preparations for a disaster

relief system.

On the other hand, it is difficult to set goals for long-term support. As the support becomes longer, it is necessary to expand and deepen the support, but it is not easy to continue this with a limited budget and human resources. The trial and error process of seamlessly transitioning from "special" post-disaster support to "normal" support during normal times continues.

The final determinant of the quality and quantity of support that can be provided after a disaster may be the receiving capacity of the affected area (Figure 3). The capacity of the affected area to receive support depends largely on the network of people involved, the capacity of mental health and medical welfare services, and disaster preparedness. In order to increase the capacity of local communities to respond to a large-scale disaster, it is important to continue activities aimed at raising the level of mental health and medical welfare in the community during normal times.

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Table 1

表1 被災地の支援者=受援者の立場

-
- ・被災地の支援者は、被災者でもある：仕事-家庭の両立に苦勞する
 - ・異常事態に対する“正常”な反応をより強く起こす
 - ・地元の関係者であっても地域の全体的状況は把握しきれない
 - ・さまざまな立場から意見が飛び交い、団体間・関係者間の意見・利害調整に苦勞する
 - ・外部支援者からの批判は脅威に映り、負担となることがある
 - ・災害後も被災地で生活・仕事をし続けるため、長期的視点と地域との関係性を重視する
-

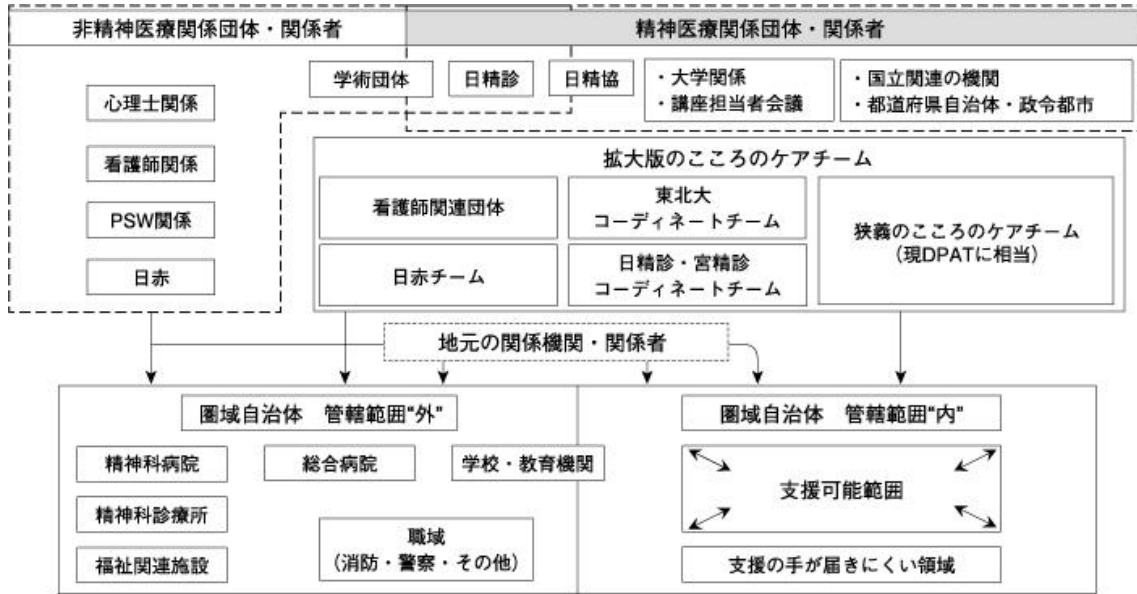


図1 東日本大震災急性期における宮城県の支援の構図

Figure 1

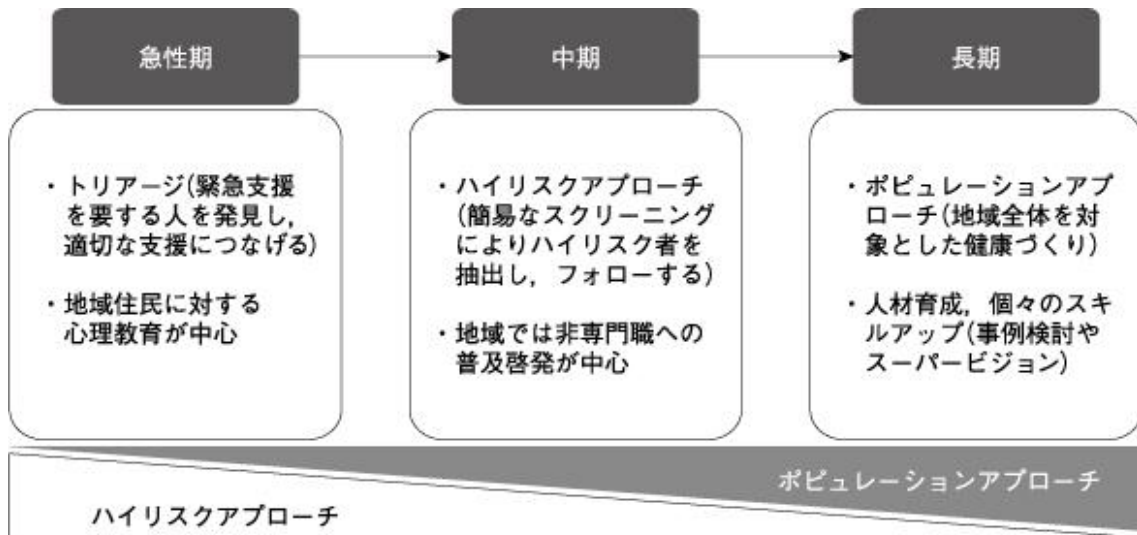


図2 時期によって変化する支援ストラテジー

Figure 2

Table 2

表2 時期に応じて変化する受援体制・支援の目標/効果/課題

時期	急性期	中長期	終結期
受援体制	被災自治体の災害対応体制	被災自治体の通常体制に加えて派遣職員などによる一時的な補強	被災自治体の通常体制
支援目標	精神医療の補完, ストレス反応への対応, 支援者ケア など	心のケア活動への支援 (ハイリスク中心) → 平時の地域精神保健活動への支援	・支援活動の終結 & 引き継ぎ調整 ・活動の振り返り⇒地元への還元
支援の効果	・マンパワー補填 ・精神医療アウトリーチチーム ・心のケア活動の立ち上げ & ノウハウ提供	・マンパワー補填 ・心のケア活動の展開 ⇒専門職による地域活動の展開 ⇒地元支援者のスキルアップ ・ネットワークの活性化 「触媒作用」 ・地元支援者のエンパワーメント	・地元支援者のスキルアップ ・地域精神保健福祉の再構築 & 底上げ ・地元支援者の自立にむけた動機づけ ・外部支援者の定着?
支援の課題	・地元支援者の疲弊 ・支援ニーズと外部支援の調整	・支援者増加に伴うニーズの掘り起こし ・支援の常態化 ⇒「メンタルヘルスはできれば専門職に」 ・長期化に伴う支援内容の拡大と深化 ⇒「支援」という関係の難しさ	・支援者の減少 ・支援のダウンサイジング ・支援のゴール設定の難しさ ・地元支援者の不安

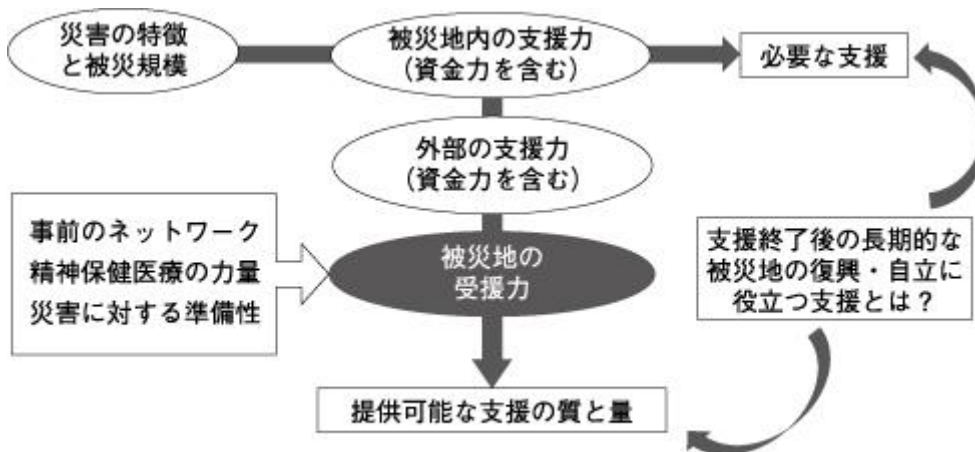


図3 災害被災地で必要な支援と提供可能な支援の質と量

Figure 3