

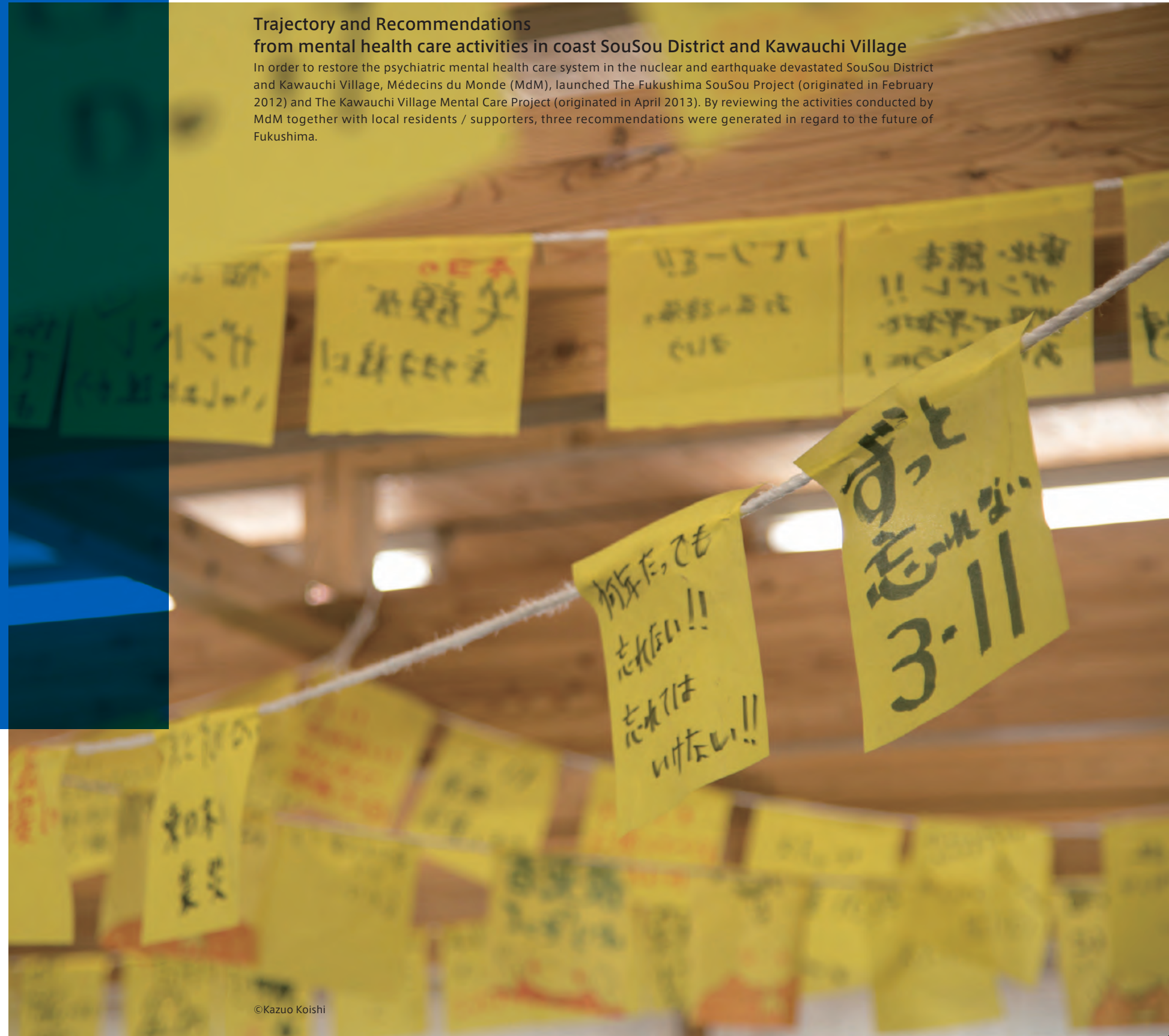
KoKoRo of FUKUSHIMA



Recommendation from Support Projects in the Areas Afflicted by the Great East Japan Earthquake
Fukushima SouSou Project / Kawauchi Village Mental Care Project

Trajectory and Recommendations from mental health care activities in coast SouSou District and Kawauchi Village

In order to restore the psychiatric mental health care system in the nuclear and earthquake devastated SouSou District and Kawauchi Village, Médecins du Monde (MdM), launched The Fukushima SouSou Project (originated in February 2012) and The Kawauchi Village Mental Care Project (originated in April 2013). By reviewing the activities conducted by MdM together with local residents / supporters, three recommendations were generated in regard to the future of Fukushima.



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Cover page picture:
Salon in temporary housing of Minamisoma City
Visitors left message cards, and they are used as decorations in Salon.

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「誰もが治療を受けられる未来を。」
"POUR UN MONDE OÙ CHACUN PEUT ÊTRE SOIGNÉ."

INTRODUCTION

Create together the society which does not need external support

After the events of 3.11, we, Médecins du Monde (MdM) started a mental health care project in Iwate Prefecture. During the first phase of the project, the medical personnel of MdM focused on visiting shelters. In secondary phase, standing close to the residents moved to temporary housing and the community they are composed of, we committed to the process of recovery in which residents as well as supporters can restore their ability and vitality. This project ended in September of 2014: four and a half years after its beginning. The Iwate project ended after we confirmed that external support was not needed anymore; the welfare and medical system had revived enough. We could find that the local capability has been restored but also the residents have a fresh motivation and ability for future.

On the other hand, we still work on projects in Fukushima. The number of suicides has not decreased; problems go unsolved and become more complicated, and the perpetual fight for recovery is ongoing for residents and supporters. We began activities in Fukushima Prefecture in January of 2012. The year 2017 marks 5 years since its beginning. We publish this recommendation as a review of what we have done so far, but also as a message that only the professional volunteers from our team can express through their continuous work on the various issues surrounding mental health care in the disaster zone.

While the process of reconstruction advances, we believe that mental health care activities should be continuously provided by public service until fundamental solutions have been made clear to everyone.

We believe that the provision of medical personnel and institutions is not enough in order to cope with the suffering of people in the afflicted areas of Fukushima Prefecture. Based on an inter-disciplinary collaboration, a system in which people in need can access the appropriate service without any stress is necessary.

We express disagreement with the label of “victim” attached to the people of Fukushima, as we feel it represses their capabilities. We aspire to highlight the efforts of the local residents and their supporters, and show that their way of life can positively influence Japan and even the rest of the world.

MdM will continue support activities for some time in the future; however, our goal is not to continue the projects indefinitely. Together with the residents, we aim to create a society in which we are not needed, and eventually withdraw. As for achieving such a goal, we sincerely hope that the readers of this recommendation would generously provide us further support.



02 PROPOSAL

Support projects for the afflicted area of the Great East Japan Earthquake 3 Proposals from Fukushima SouSou Project / Kawauchi Village Mental Care Project

Proposal 1. Permanent installation of Fukushima Center for Disaster Mental Health and its cooperating organizations in Fukushima

The Fukushima Center for Disaster Mental Health was inaugurated on February 2012. The Fukushima Association for Psychiatric Health and Welfare launched this Center with a commission from Fukushima Prefecture.

A multi-occupational team was assembled at the Center; cooperating with multiple municipalities and affiliated organizations in order to restore the emotional and mental stability and health of the disaster victims who have been severely stressed due to the earthquake, tsunami and nuclear accidents. The team, composed of several different kinds of medical professionals including nurses, clinical psychologists and public health nurses, conducted mental health care activities such as private consultations and home visits based on the disaster victims' needs.

In January 2011, the Soma District Mental Health Care Center NAGOMI was established as a delegate of the Fukushima Center for Disaster Mental Health.¹ NAGOMI functions for mental health care in the north coast of Fukushima (Soma area). In NAGOMI, a multi-occupational medical team provides support services including consultation. Its service targets evacuated residents in Soma area (Soma City, Minamisoma City, Shinchi Village in Soma District and Iitate Village).

From 2013 until 2016, the Center had more than 22,000 cases of consultation as requested by the disaster victims and there is no sign of any decrease into the future.²

Repatriation to the former restricted area has started, and the reconstruction process is progressing. However, residence of disaster victims are unstable, and disparity in the levels of reconstruction among individuals is emerging. Within this context, the level and scope of mental care provided to the residents of Fukushima need to be much detailed and seamless one.

Furthermore, there are increasingly higher levels of stress and fatigue among local supporters who directly deal with the disaster victims (such as local government personnel, police, medical, and welfare professionals). There are more than 3,000 cases for supporter support from 2013 to 2016, and increasing even today.³

In the other prefectures that suffered from the disaster, the reconstruction plans are normally scaled at somewhere between a 5 to 10 year plan. Because the disaster in Fukushima is composed of a triple crisis of earthquake, tsunami and nuclear accident, the situation is unprecedentedly more complex. Under these conditions, it is impossible to set any time limit on the recovery and support of the mental health care for the disaster victims in this area; instead, the supportive institutions like NAGOMI must be made permanent.

Proposal 2. Prompt construction of the local preventive mechanism against Post-Traumatic Stress Disorder (PTSD) and suicide

In Fukushima prefecture, there have been continual number of earthquake-related deaths and suicides. Also, we have seen an increase in the so-called late-onset PTSD.⁴

Inevitably, the victims of the earthquake/tsunami/nuclear disaster were forced to face drastic changes to their environment. The evacuation order from restricted areas have been progressively lifted. Nevertheless, recovery and reconstruction is still difficult because the people have lost so much: family relations, health, work, school, livelihood, infrastructure, and the integrity of the local community. Moreover, compensation issue derived from nuclear disaster further complicate the situation, and stress victims feel is intricate and awfully differs case by case.

In order to resolve the complex factors involving PTSD and suicide among the disaster victims, medical services alone are not sufficient; what is needed is a seamless, one-stop service center with a multi-occupational team consisting of social workers and other support professionals.

Disaster victims require the establishment of a comprehensive institutional network that provides a full range of services for recovery. Consultation must be able to address a wide range of issues, including financial problems, legal issues (e.g. compensation procedures), employment, child care, health and support for various kinds of administrative procedures. Currently, the Community General Support Center is effective as a comprehensive support site for the elderly; we need a similar sort of 'Consultation Desk' open to all disaster victims in Fukushima.

This Consultation Desk would function as a liaison, as a way to refer beneficiaries to the most suitable institutions based on their individual backgrounds and needs. In order to make this function effectively, local outreach professionals must be able to recognize and identify even those cases where disaster victims suffering is hidden and less apparent. Local resources such as the Fukushima Center for Disaster Mental Health and the Soma District Mental Health Care Center NAGOMI would play important roles in the proposal, thus, their continuance is necessary.



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Proposal 3. Express positive actions toward local / regional revitalization, believing in the residents' resilience

April 2017, the evacuation orders on Tomioka Town, Namie Town and Iitate Village were lifted. Prior to that, the restrictions had been progressively lifted in other areas: in July 2016 for Odaka area of Minamisoma City and in September 2015 for Naraha Town. The partial lifting for Tamura City occurred initially on April 2014.

Before the disaster, 21,000 people were living in Namie Town. As of August 2017, about 400 residents had returned. In this heavily depopulated condition, plans for the revitalization of the village is quite difficult. Nevertheless, considerable effort is being made to reconstruct the residents' livelihood as well as the general economic conditions of the area. A number of measures were undertaken, including those to attract commercial architecture, maintain medical facilities and attract factory aiming employment creation.

In the Odaka area of Minamisoma City, the Odaka Reconstruction Design Center was established. In order to restore Odaka's vitality by practice and inquiry under unprecedented condition, the Center has worked closely with residents and local governmental officials. To support the community rebuilding effort for returning residents, steady efforts have been made. For example, the Center functions as a site where individual residents can bring their ideas and share plans for future of Odaka revitalization which will result to be a trigger for future action.

In Kawauchi Village, residents work together with the Village Office to generate and implement community development plans that will give residents an energetic and healthy life, particularly aimed to allow those who suffer from with cognitive dementia to live an anxiety-free life. As of May 2017, more than 80% of the residents in Kawauchi Village have returned.⁵

Realizing the huge human needs entailed in the disaster zones, many local professionals have been steadily working on mental health care. One example is an occupational therapist whose home is located in Minamisoma City, 20 km from the disaster-struck nuclear power station. She had once evacuated to her relatives' house in a neighboring prefecture; however, she returned to Soma City as soon as possible in order to provide mental health care and physical exercise for evacuees in temporary housing units. Another example is of a public health nurse in Namie Town, who was also a victim of the disaster herself. She is now a leading figure of the reconstruction of the mental health care system in Minamisoma city.

Any real support for reconstruction goes beyond building of breakwater and other physical structures which did not exist prior to the disaster. Real reconstruction requires the redevelopment of the community in which residents can live security and free from anxiety.

The residents control their own livelihood, create employment and improve community function; supporting such reconstruction process means supports for the real reconstruction of the people and community affected by the disaster. Activities of this sort will have a significant impact on progress of emotional reconstruction.

During recent years, repatriation for the liberated area is in progress; and, the reconstruction of those area is just about to start now.

Médecins du Monde (MdM) expects that the government authorities responsible for the reconstruction expressly and proactively make just this sort of positive effort, always led by local needs and resources, to support the reconstruction of Fukushima by providing subsidy and all of measures possible.

1 From 2012, MdM subsidized by Japan Platform have cooperated to mental health care with NAGOMI.

2 Document by Fukushima Center for Disaster Mental Health, dated 14 September, 2017.

3 As above.

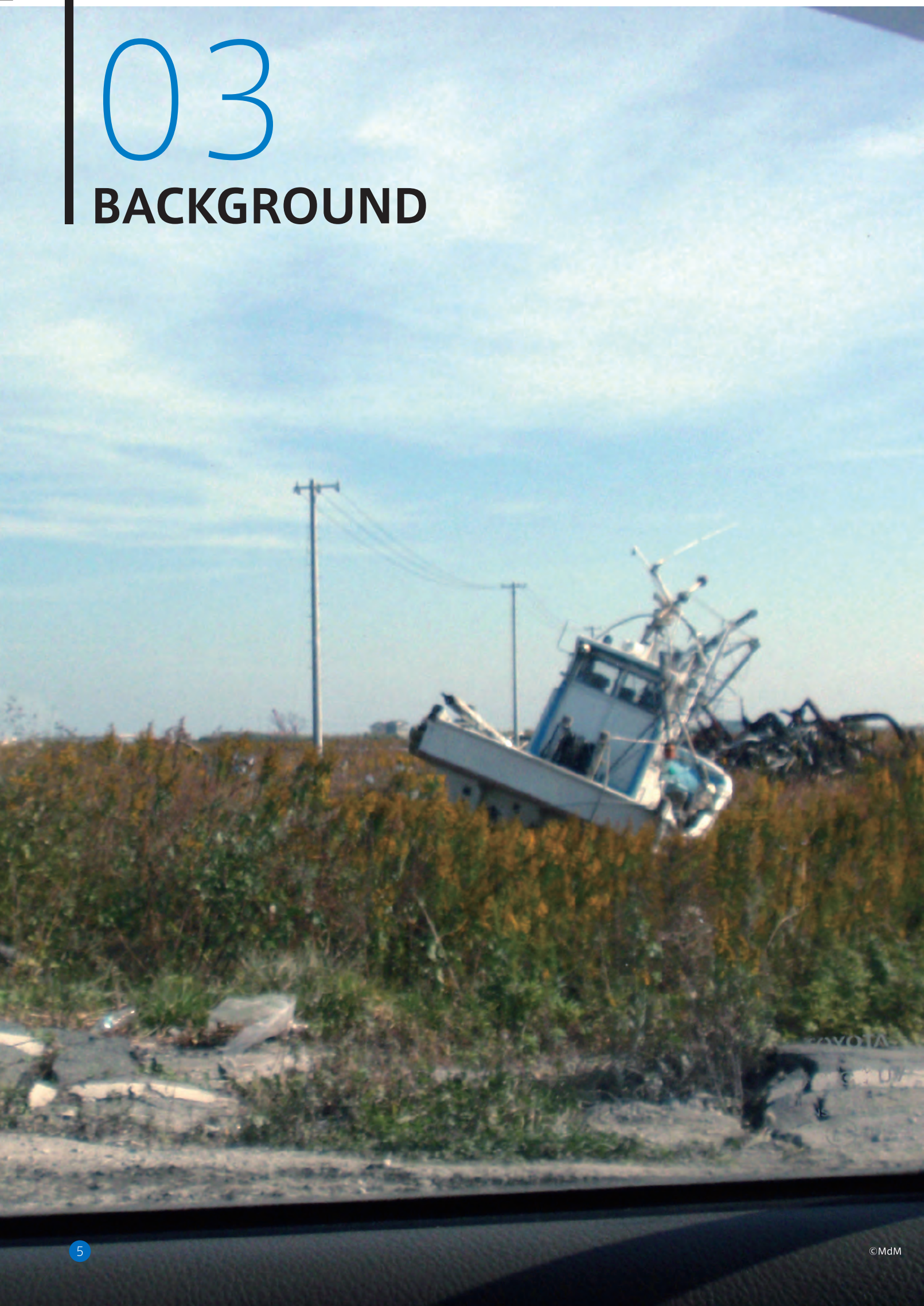
4 Late-onset PTSD describes a situation where a person does not develop a PTSD diagnosis until at least six months after a traumatic event.

Reference: Mental Health Care Clinic NAGOMI, 'Psychiatric treatment data from 2016 practice'

5 Fukushima Revitalization Station, 'Situation in Kawauchi village' (written in Japanese only), viewed on 27 November 2017.
<http://www.pref.fukushima.lg.jp/site/portal/26-8.html>

03

BACKGROUND



Unprecedented disaster

14:46, March 11, 2011: the largest earthquake on record struck Japan with a magnitude of 9.0. The epicenter was in the Pacific Ocean, a massive tsunami hitting Japan off the Sanriku coast of Tohoku and East Kanto. The destruction was enormous, resulting in 19,575 deaths, 2,577 missing and over 12,000 houses destroyed.¹

Fukushima Prefecture, where Medécins du Monde continue to engage in support activities, suffered a nuclear disaster following the damage to the Fukushima Daiichi Nuclear Power Plant, requiring widespread evacuation. As of September, 2017 in addition to the damage from the earthquake and tsunami, fear of nuclear contamination has required that all of or part of seven municipalities in the area remain under evacuation orders.

Situation of Damage

Human damage	Loss of lives	: 19,575
	Missing persons	: 2,577
House damage	Complete collapse	: 121,776
	Half collapse	: 280, 326

<Source>
Fire and Disaster Management Agency, Ministry of Internal Affairs and Communications (as of 1 September, 2017)

Protracted nuclear accident: a long way to reconstruction

Now, six years after the earthquake, whilst some regions are gradually progressing in their efforts at reconstruction, Fukushima Prefecture is still facing many issues as a result of the nuclear accident. Evacuation orders have been lifted from some areas as of April 2014, but life in these areas are still very difficult due to the lack of employment opportunities and delays in the full functioning of many regional services, including nursing homes and medical facilities. Voices of unease regarding the influences of radiation are still heard, especially among families with children. As such, it is more common for the elderly to return to their hometowns, while many younger families remain in evacuation centers; this results in not a few families living separate lives. As of March 31, 2017, Fukushima prefecture stopped providing free temporary housing to evacuees who have “voluntarily” evacuated from areas outside of the relatively narrow evacuation zoned as ordered by the government. Due to the discontinuation of financial support, increasing number of people are struggling just with daily life concerns. As the issue of the nuclear accident continues unresolved, the residents of Fukushima were being forced to make a decision as to whether they wish to return to their hometown or attempt to live more permanently in evacuation destinations.

By most accounts, it will take between 30 and 40 years to decommission the Fukushima Daiichi Nuclear Power Plant. It will most likely even take longer to restore the surrounding area. The road to recovery for Fukushima will be a long one. Reconstruction of the area should stand close with the “KOKORO”² of Fukushima.

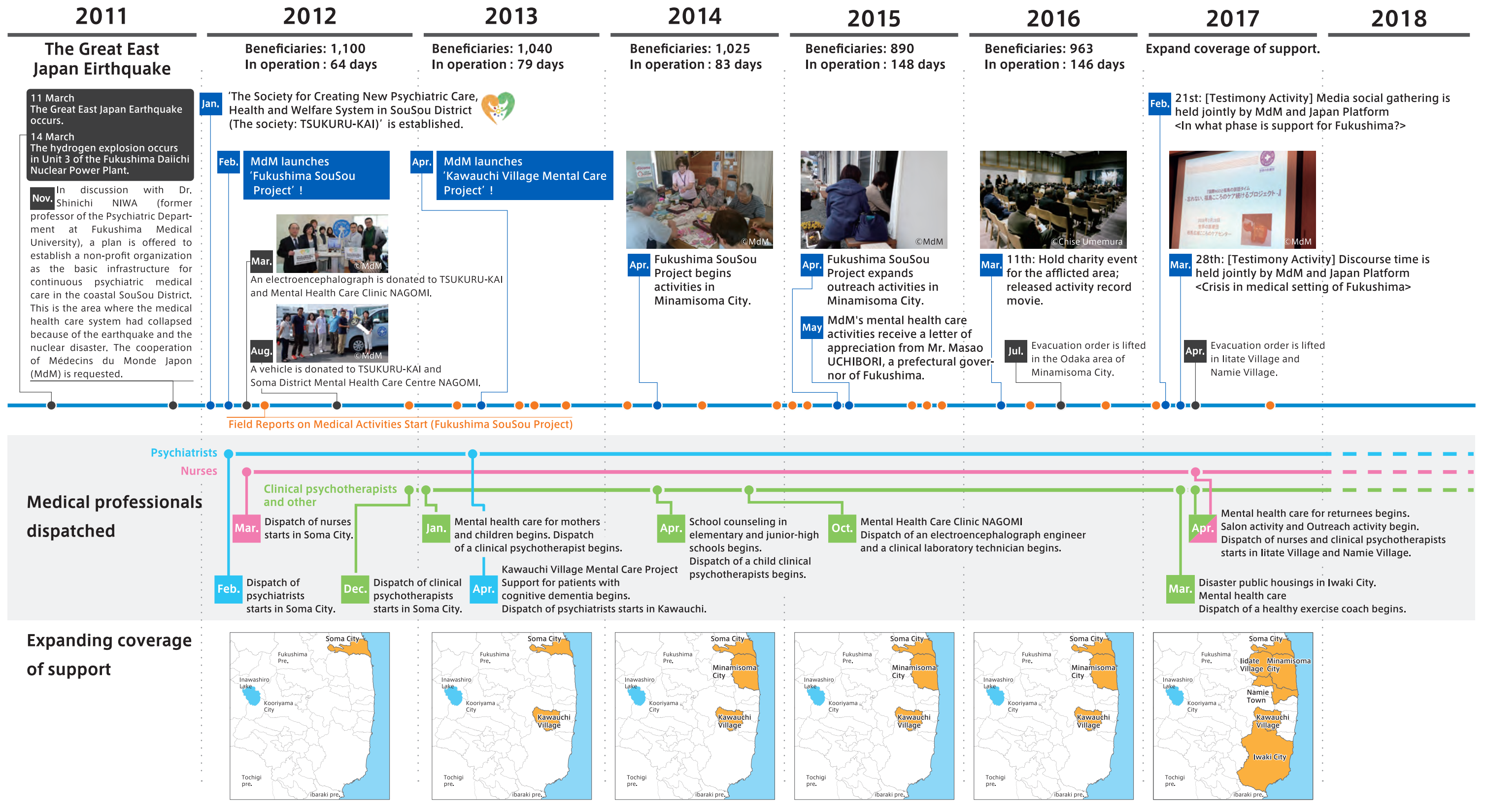
1 Fire and Disaster Management Agency, Ministry of Internal Affairs and Communications “2011 About The Great East Japan Eirthquake (Report No.156)” <http://www.fdma.go.jp/bn/higaihou/pdf/jishin/156.pdf> (Written in Japanese Only)

2 KOKORO is Japanese word stands for “heart”, “feeling” or “emotion”; the word contains shades of meaning.



Flexible Containers filled with contaminated soil are loaded on street.

TIMELINE: Transition of Activities



05-1

PRESENT DATA ANALYSIS

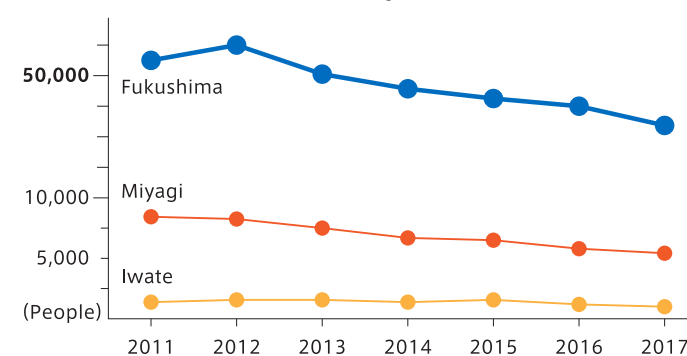
The various issues involved in the disaster-struck areas are becoming increasingly complicated together with the changes in environment for the disaster victims. In this section, we would like to outline these challenges that they are facing today as well as the emerging issues that appear to be immanent. We base our review directly on the activity reports from our dispatched professional volunteers and partner organizations in order to identify the best way to support these areas as we move forward.



Challenges resulting from the nuclear accident

"Over time, the disparity between victims of the disaster who are gradually recovering and the individuals who are being left behind in reconstruction is increasing. The latter includes especially those individuals forced to move from place to place since the earthquake; families forced to live separately; those unable to return to their homes; individuals unable to adapt to their new environments; those exhausted by continued negotiations with Tokyo Electric Power Company (TEPCO); and the many who have been harmed by rumors. Unfortunately, this list is very long. According to local clinic staff, approximately 60-70% of their patients have been affected by the earthquake and nuclear disaster in some shape or form." (Cited in Dr. Ippei Kowata, Psychiatrist, Fukushima SouSou District, Medical Activity Report 17.)

Transition of the evacuees from three prefectures affected by the disaster (destinations are in other prefectures)



Reference: Reconstruction Agency

The nuclear disaster has imposed a wide range of burdens upon those from Fukushima, above and beyond those experienced the earthquake but in other prefectures, including long-term evacuation; the collapsing of communities due to repeated relocation; separation of family members; difficulties in raising children; and more generally the loss of livelihood in the agriculture, fishery and livestock industry. These material conditions are compounded by the disparity among areas, families and communities. Moreover, the almost endless and often obscure necessity of continuing negotiations for compensation related to the nuclear accident, has led many from Fukushima to report chronic health concerns both directly related to radiation contamination and more generally, to ambient anxiety. Disaster victims are still facing these difficult circumstances today. Because of the disparity of livelihood recovery is gradually widening and communities and families left behind still suffer, it is not surprising that the suicide rate in Fukushima has remained quite high since the calamity.

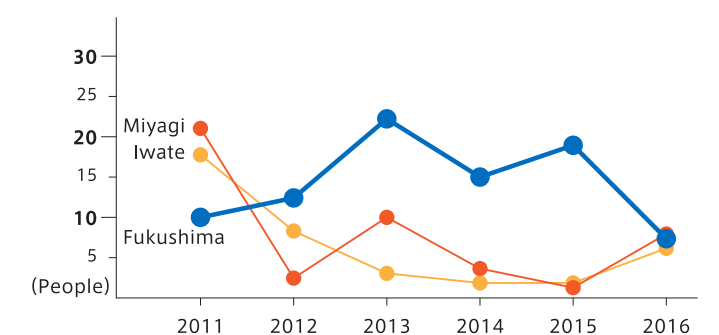
Preexistent regional issues

"Some of these issues were preexistent to the disaster but have now become even worse. These include the ageing population and elderly individuals living alone; difficulties in day-to-day lives of individuals with disabilities; alcoholism and alcohol dependence; and the separation of families." (Yayoi Yokouchi, Clinical Psychologist, Fukushima SouSou District Medical Activity Report 17)

One of the emerging challenges since the earthquake and nuclear accident is the redevelopment of an infrastructure to support mental health and welfare in the area. The Soma District, which even prior to the disasters had a poorly developed infrastructure, is now facing further burdens treating individuals with psychiatric conditions prior to the disaster in addition to as a consequence of the disaster. The lack of resources to help the elderly and disabled individuals had been an underlying problem in the area. Issues such as the continued shortage of medical personnel including nurses and caregivers and the shortage of infrastructural support for the elderly are compounding these problems.

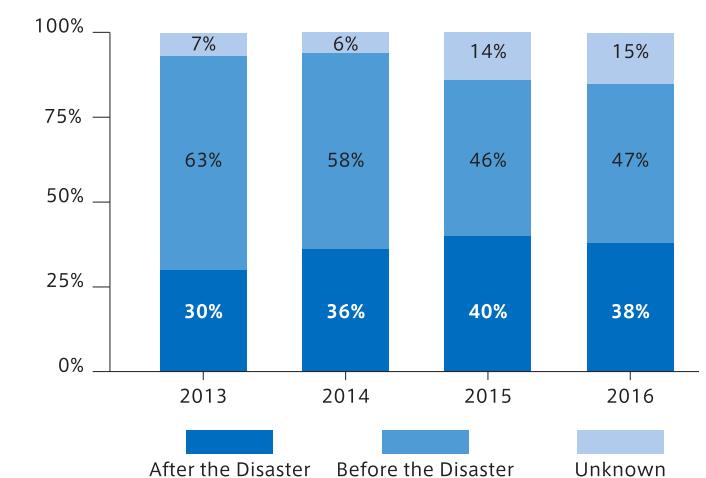
Individuals who were most effected by the disaster and nuclear accident were those who require special assistance; such as, the elderly and individuals who already suffered from psychological disorders prior to the disaster. Problems residing in the area have surfaced since the disaster, with increased cases of alcohol dependence, decrease in the quality of life (QoL) of elderly individuals with dementia or living in isolation, increasing tension of families with disabled individuals. All of these contribute to the increase in cases of current mental health problems and welfare issues in the area. Disaster victims in need of special support are residing in evacuation centers and living unstable lifestyles over prolonged periods of time, and are thus exposed to significant challenges in various aspects of their lives. We must face these issues and rather than isolating them, ensure that they are addressed within the wider and comprehensive plans for reconstruction of the whole area.

Number of suicide related to the Great East Japan Earthquake



Reference: Cabinet Office, Government of Japan / Ministry of Health, Labour and Welfare

Timing of symptoms of psychiatric disorder and neurological disease (Fukushima Center for Disaster Mental Health)



Reference: Fukushima Center for Disaster Mental Health

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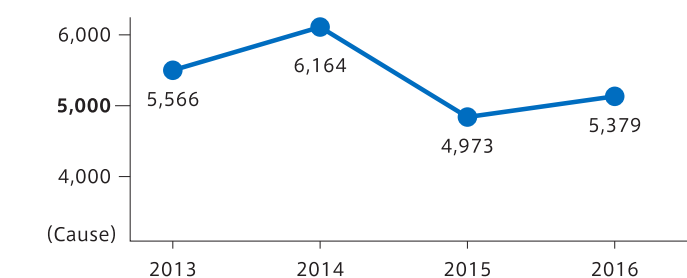
PRESENT DATA ANALYSIS



Aims for regional entity revitalization

In order to tackle the previously mentioned challenges, The Society for Creating New Psychiatric Care, Health and Welfare System in the SouSou District is striving to form a new systematic approach for psychiatric health and welfare that conducts activities not limited to individual consultations but which also includes salon activities to rebuild communities, and outreach activities, as well as support for disabled patients. These programs are being developed as part of an overall regional reconstruction approach based on the empowerment of residents and regional collaborative organizations, including training support workers in the region. As a result of these efforts, those in the disaster areas are gradually becoming able to support those most in need and to revitalize the community as a whole.

The number of consultation and support (Fukushima Center for Disaster Mental Health)



Reference: Fukushima Center for Disaster Mental Health

One by one, evacuation orders are being lifted within the SouSou District, and we are entering a new chapter. New challenges will be faced as a result of these emerging situations, such as the stress related to individuals and families returning to their hometowns, the realization that life cannot return to what it was before the earthquake for those who remain in evacuation areas and for those living without the support from their family. How to support people residing and facing these situations in the region is an important issue that needs to be tackled in the future.

In the future we will utilize our know-how through organizing salon activities to encourage community-led community development, and to establish a regional cooperation system that supports people with special needs, including people with disabilities and elderly individuals, and to promote the revitalization of regional entities through strengthening the people of the community.

"A person responsible for the regional comprehensive support center once said to me, 'There have always been people in need, but they have gone unnoticed. Within the context of the post-disaster, these cases were gradually revealed in ways that allowed supporters to identify and respond to each case. That is why we are able to hold conferences of local supporters with concerned parties' This left a strong impression on me. I felt that the doctors, care managers, nutritionists, and the Council of Social Welfare are truly concerned." (Record from the Regional Case Meeting from Yokouchi Yayoi, clinical psychologist)

"Two and a half months after the evacuation orders were lifted, I felt again the importance of the salon activities for the victims in the disaster-struck areas. If we are able to design and execute the effective use of these meeting places, then the residents will be able to lead the activities themselves. In the salon activities in the public housing areas in Minamisoma City, by constructing an annual program menu, and deepening ties among different groups such as the Council of Social Welfare, I believe fulfilling the role of community reconstruction have been possible. (Soma Hospital Psychological Care Center Nagomi, Fushimi Kayo, public health nurse.)



'3.11' IN FUKUSHIMA

On-site report on the Mental Healthcare activities

The 2011 The Great East Japan Earthquake, an unprecedented massive earthquake triggered the twin catastrophes of the deadly tsunami and a nuclear meltdown from the crippled nuclear reactors, plunging tens of thousands of lives into double peril. The 3.11 quake's devastating aftermath shows no sign of dying out after six and half years.

Looking back the day 3.11, 2011

SUTO: On that fateful day of 3.11, when a powerful earthquake hit the Tohoku region, I was one of the staff at a rehabilitation program for a mental health hospital in Minamisoma City. The next day, 3.12, was when we first got the reports that the Fukushima Daiichi Nuclear Reactor was severely damaged. Listening to the reports, I presumed that evacuation orders, if issued, would likely cover the area for the full 20-kilometer radius around the damaged power plant. The hospital was located 18km from the power plant, so I began to help in the evacuation, first in moving a group of ambulatory patients from the community center in Minami Soma Ichihara-cho to a shelter in Fukushima City, and secondly in moving some wheelchair users and bedridden patients to Tokyo by way of Iwaki City and Minami Aizu-cho. It was March 18 when the evacuation operation was completed.

KOWATA: I was then working at a psychiatric hospital in Kanagawa Prefecture as a hospital doctor. Although our location was pretty far from the epicenter, the quake's violent shock was so strong that it shook all medical records and documents off the collapsing shelves. My first thought was to volunteer closer to the site of damage, but on second thought, I changed my mind because the situation near the epicenter was beyond my imagination. Instead, I went to Ishinomaki during the Golden Week¹ holidays in May as a general (non-professional) volunteer. This was my first trip to the disaster area.

Nuclear accident and mental trauma

SUTO: In addition to the earthquake and tsunami, Fukushima suffered a third type of damage due to the nuclear plant accident. In the case of loss caused by tsunami damage, people actually experience a tangible loss (because the damage was so visible and material). In the case of the nuclear accident, on the other hand, (because the damage is intangible and invisible,) experience of loss remained ambiguous, a sort of obscure matter, a subtype so to speak. In case of tangible loss, such as loss of family, loss of house or fortune etc., it is clinically treatable and patients' loss experience will be more or less relieved over the course of time. However, in case of "ambiguous loss"², where no houses have been lost nor was anyone lost lives, the feelings of loss continue over time, often even clouding the disaster victims' vision of the future. This type of affliction is best explained by the word "trauma," and is prevalent over Fukushima. The mental trauma of the disaster victims suffering ambiguous losses must be literally immeasurable.

KOWATA: I agree with what you say. Their homes, farmlands, familiar mountains and rivers—they are always where they were, and yet much of the displaced population cannot return home, and some cannot even come close to home, let alone mourn the dead. Disagreement among family members over the decision to return home or not is a heartbreaking dilemma for everyone. Community bonds, once tight and strong, are no longer what they used to be. All of these factors are believed to be the cause of the complex trauma that leads to the state of IN-TRAUMA³.

SUTO: As a matter of fact, few were diagnosed with PTSD during the first six months after the disasters. Then, more than two years later, symptoms of PTSD or quasi-PTSD have developed among the evacuees, what with the change of life style, environment, community power balance, and so forth. We call it "delayed PTSD." In medical terms, it is called "hyperarousal," a type of highly irregular insomnia. Like a patient suffering from depression, this delayed PTSD leads to the difficulty of falling asleep at night, and causes frequent awakening early in the morning, as well as other unusual disorders that may be different from day to day.

Furthermore, some of the survivors experience chronic flashbacks to the earthquake and tsunami. Some others recall some distant, tragic memories stored deep in their mind, although the memory has nothing to do with the quake experience itself. Some of the former employees of the nuclear energy plant tend to be overly sensitive to smell, temperature, and anything related to the nuclear plant. All of these reactions are no doubt symptoms traceable to flashback experiences. One of the most advanced cases I have treated is a patient who lost their entire memory of the quake incident. He was in a sort of blackout state caused by his strong but unconscious desire to erase from his memory all unbearable sufferings of the past. Dr. Kowata, I suppose you have also confronted many different cases while you examine some 20 patients a day.

KOWATA: I come here to Fukushima once every month. My impression is that more than half of the patients are directly affected by the earthquake. One of the women I've met had her own house in the "difficult-to-return to" zone. She had been negotiating with Tokyo Electric Power Company (TEPCO) over the damage compensation. One day, while her negotiation was underway, she made a temporary visit to take a picture of her house. What she observed a house that was 100% uninhabitable, almost falling into disrepair, and this shocking sight apparently had a deeply traumatic effect on her. Another case is a male patient who lost his father when his house was swept away by the tsunami.



Mr. Yasuhiro SUTO, clinical psychotherapist and assistant director of the mental health clinic NAGOMI (Soma City), is devoted to the community mental healthcare program, as well as being a disaster victim himself.

Today he is divorced and jobless, and living with his mother. He could be diagnosed with Adjustment Disorder or PTSD. It is very likely that excessive stress, if it lasts too long, will induce work demotivation or loss of willingness to do anything. It's my view that there are many complex cases like this man, suffering trauma, disorder, and/or stress that are already in the 'hard-to-recover from' stage.

6 years after the earthquake – 7th anniversary at the affected area

KOWATA: 6 years have passed since the quake. I intend to come and examine my patients as long as they need me. It is painful for anyone to explain one's own bitter experience from the very beginning repeatedly every time their attending physician changes. In the post-quake period, many people, including volunteers, have said that when we talk about reconstruction plans for our devastated homeland, we must do so decade by decade. They are perfectly right. On the other hand, I also feel that human memories are prone to be sidelined and neglected as one of someone else's problems.

SUTO: I do share your feeling. It is a matter of course that people's memories fade away like a weathered rock. Last year, 2016, marked the 5th anniversary, the first important milestone after the catastrophic event, which became a major theme of media coverage throughout the 5th year. For some reason, however, more people suffer ill health during the 6th year than the 5th anniversary year. In the Buddhist belief, six years after a funeral falls on the 7th anniversary of death, called "7-KAIKI", regarded an important turning point to begin a new chapter of life. On or around March 11 this year, many surviving families held Buddhist memorial services to commemorate the dead, hoping to draw a line between the past and the future in order to bring the mourning period to a close. At the same time, the 7-KAIKI event must have evoked emotional emptiness in their hearts. I'm afraid the same phenomenon may occur and more people may suffer this emptiness during OBON⁴ holidays in August. They will share mixed feelings during the OBON season.

Stay present to the mental recovery process

SUTO: With the timing of the 6th anniversary, the resettlement project has accelerated among the displaced residents. I believe it is a familiar sight for you and anyone who once visited Fukushima,



Mr. Ippei KOWATA, a psychiatrist, has visited the SouSou District once a month since October 2011 to provide psychiatric consultation.

to see millions of bags of radioactive soil being exposed to the open air. In case of Iitate Village, the returnees are afraid to live in the neighborhood filled with contaminated soil in those black plastic bags piled up out in the open. Willingly or not, they will be reminded of the fact that their native town is no longer the same as it used to be, and once resettled, they will have to live for generations shouldering the heavy burden of this hideous radioactive accident. The human mind is not strong enough to endure such a harsh reality over a long period, and this I believe is increasing the risk of mental illness. Considering these background factors, we need to develop activities to help enhance individual potential and to strengthen the will to recover, in parallel with medical healthcare activities. In the scope of psychiatric rehabilitation, I am now searching for effective ways to provide fuller recovery and rehabilitation services for the disaster victims.

KOWATA: What can be done by one doctor is very limited. This is the reason why we should keep working closely with multiple types of professionals. Myself, I try to avoid relying exclusively on medication. Instead, I tend to adopt non-drug treatments as much as possible, such as mental therapy and relaxation methods. Many patients are suffering from multiple traumas, and are afflicted with problems at work, with their family and community, with financial and legal problems, as well as with physical health. If they want to settle their problems one by one, it will be necessary to be treated by a range of specialists. If they are forced to do this, those already in poor health, distressed and exhausted to begin with, can reach the state of unrecoverable exhaustion. It may not be easy but I think it is worthwhile to experiment with the so-called "one-stop service" center, where patients can benefit from the convenience of having multiple needs addressed in just a single visit.

SUTO: I think what Dr. Kowata said is very important. For long-term medical treatments, psychosocial care is of greater importance and effectivity than drug treatment. Based on this fact, my conclusion is to exchange our views and opinions with all those involved in our program and to review in detail the optimal services that we all can provide to our patients.

Just as peoples' 3.11 experience differ from each other, the recovery process is also different from one patient to another. We will continue to support each patient and provide the best possible care and support, keeping our promise to them to "never forget" and "keep going."

1 Consecutive Japanese public holidays in May.

2 "Ambiguous Loss" written by Dr. Pauline Boss, University of Minnesota, focusing on the unseen life-threatening stress. The word is frequently quoted to refer to the victims of Fukushima nuclear accident.

3 Contrasting on post-trauma, IN-TRAUMA emphasizes that people are still in the midst of crisis, in the middle of psychological trauma experience. This expression is frequently used in the context of Fukushima's experience as for stressing their suffering is present continuous matter.

4 This is an event in Japan to worship the spirits of ancestors when families get together to visit family graves.

STUDY ON THE DURABILITY OF LOCAL SOCIETY

Reflecting on what The Projects have done until today, this chapter aims to propose possible improvements for future activities. Particular importance is attached to the resilience of the local communities, which is at the heart of the issue of durability. This reflection is based on materials including project plans and activity reports, as well as direct interviews with our counterparts. The Core Humanitarian Standard (CHS)¹ was used as a basis for these reflections. Among 9 standards of CHS, this study focused on Commitment 3, which contains the criteria for Local Resilience.

Core Humanitarian Standard : CHS 9 Commitments	Commitment 3:
1 Communities and people affected by crisis receive assistance appropriate and relevant to their needs.	Communities and people affected by crisis are not negatively affected and are more prepared, resilient, and less at-risk as a result of humanitarian action.
2 Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.	1 Have local capacities for resilience (i.e. structures, organisations, leadership figures and support networks) been identified and do plans exist to strengthen these capacities?
3 Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.	2 Is existing information on risks, hazards, vulnerabilities, and other related plans used in programming activities?
4 Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.	3 Are strategies and actions to reduce risk and build resilience designed in consultation with affected people and communities?
5 Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.	4 In what ways (both formal and informal) are local leaders and/or authorities consulted to ensure response strategies are in line with local and/or national priorities?
6 Communities and people affected by crisis receive coordinated, complementary assistance.	5 Are equitable opportunities promoted for participation of all groups in the affected population, especially marginalised and vulnerable people?
7 Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.	6 Is the response designed to facilitate early recovery?
8 Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.	7 Are globally recognised technical standards used by staff?
9 Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.	8 Has a clear transition and/or exit strategy been developed in consultation with affected people and other relevant stakeholders?

LEFT Chart : CHS Alliance, The Sphere Project, Groupe URD (2015), 'Core Humanitarian Standard on Quality and Accountability'.
<https://corehumanitarianstandard.org/files/files/Core%20Humanitarian%20Standard%20-%20English.pdf>

RIGHT Chart: CHS Alliance, The Sphere Project, Groupe URD (2015), 'CHS Guidance Notes and Indicators'.
<https://corehumanitarianstandard.org/files/files/CHS-Guidance-Notes-and-Indicators.pdf>

1. Overview of The Projects

Purpose	Provide psychological treatment and mental health care in the SouSou District by dispatching medical professionals to collaborating institutions; Especially in Kawauchi Village, engage in prevention of dementia and activities connecting patients with cognitive dementia to proper medical treatment
Implementation Period	2013 – 2017 (Current)
Resources	Human resource (2011 - August 2017) - Medical Professionals: 19 professionals including psychiatrists, nurses, clinical psychotherapists and a physical exercise coach - Secretariat : 1 manager and 2 coordinators - Total activity to date: 569 days Financial Expense (2013 - August 2017) - JPY 58,683,729
Beneficiaries	- 3,142 persons (2011 – 2016) *From 2017, more will be served each year. (The number will be calculated at year end for every year.) Beneficiaries participate in psychiatrist's consultation, salon in temporary housing, home visits, private consultations by school counsellors, information sessions on dementia, and support for local supporters

2. Study about Durability of The Projects

2-1. Local Resilience

In Soma City, there had been no psychiatric hospital prior to the earthquake. In Minami Soma City, there had been 3, although they stopped operation immediately after the earthquake.² As such, psychiatric treatment system of the area was completely broken down. In this situation, The Society for Creating New Psychiatric Care, Health and Welfare System in the SouSou District ("TSUKURU-KAI") and its operational base Soma District Mental Health Care Centre NAGOMI / Mental Health Care Clinic NAGOMI (NAGOMI) were established. These are partner organisations of The SouSou Project, and they play a significant role in local mental health care system even today. Implementation of our activities are always collaborative with these partners. As such, knowledge gained from our collaborative work is shared and stored in ways that contributes to the empowerment of the mental health care scheme in the SouSou District. Médecins du Monde (MdM) works especially to transfer know-how regarding fundraising and public relations in order to empower the work of TSUKURU-KAI and NAGOMI. So far, this collaboration has been very productive, but there is always room for improvement and refinement in our approach and procedure.

2-2. Hazard and Risk Evaluation of the Community

The "Plan for Revitalization in Fukushima Prefecture (First version)" was developed in December of 2011. The plan included mental health care for the disaster victims and children in particular, priorities that are continued into the latest edition: Third version. The hollowing out of the mental health care capacities in the SouSou District would bring serious risk to current victims as well as future residents of Fukushima. Therefore, working together with our partners, we are trying to insure risk mitigation in the field of mental health care for today and for the future.

2-3. Local Leadership

Local partners take initiatives in activity coordination for outreach programs and salon management. In addition, together with the Health and Welfare Division of Kawauchi Village, MdM conducts trainings for local dementia supporters. The trainees are expected to play a substantial role in supporting patients with dementia and the prevention of dementia in Kawauchi Village.

2-4. Conference with Local Leaders and the Government

During the supporters' joint meeting, MdM gave advice to the Health and Welfare Division of Kawauchi Village, one of their key collaborator. Specifically, MdM made proposals for the review of "The Vision" which was formulated by the village. The Vision aims to enable elderly returnees to live productive and satisfying lives in the village. In addition to our regular patterns of cooperation, reinforcement of testimony and advocacy activities is required in order to insure the productive passage of the experience gained through our experience with The Projects.

3. Improvements for the future

- Promote reinforcement of partner institutions' infrastructure.
- Consider a gradual transition of activities to partners; promptly prepare support menu noted in exit strategy.
- Identify lessons learned so far so as to activate testimony and promote advocacy.
- Provide indicators for monitoring the plan and measure the effectiveness of the different activities of The Projects. (At the termination of the projects, it is advisable to issue a more comprehensive evaluation which would include project details and interviews taken to date.) Full scale recovery from nuclear hazard requires several decades. Thus, there still is a huge demand of mental health care for victims.
- A sustained support based with a long-term approach, fully integrated with local resources is necessary.

2-5. Equal Participation of Socially Vulnerable People

By focusing on the elderly, handicapped, and mothers and children, The SouSou Project has, from its beginning, supported highly vulnerable populations in the area, gathering information about their mental health needs (even as these become increasingly diverse) for their incorporation in our always-developing plans. For example, The Projects have recently dealt with the fatigue among local supporters, the isolation of returnee residents, and the emergence of development disorder among infants and toddlers whose parents tend to keep them at home for fear of radiation exposure.

2-6. Early Recovery

Rapid restructuring of service, reestablishment of the market, and conditions necessary for the resumption of everyday life are essential for timely restoration of the disaster-stricken areas. From 2012, MdM has worked together with their partners to work on the restoration of the local mental health service. Besides restoration, MdM coordinates and dispatches psychiatrists and other medical professionals to the SouSou District where its mental health care system proved insufficient, even before the earthquake. These actions led directly to the recovery of community medicine through the establishment of a viable and effective service system.

2-7. Practice Standard of Professionals

Prior to the dispatch of medical professionals, MdM confirms the locally appropriate practice concerning their behaviour onsite. By identifying words or actions that should be avoided during interaction with local victims of the tsunami and nuclear disasters, MdM insures that its agents will not inflict suffering or exasperate already existing symptoms. In dispatch of medical professionals to the field, radiation monitoring and regulation is required as for their safety measure. Each professional is obliged to wear personal dosimeter (of the glass batch type) while s/he is on duty. Levels of cumulative exposure dosage is calculated and informed for each person on a monthly basis.

2-8. Transition and Exit Strategy

Since The Projects started as an effort to provide urgent assistance to an unprecedented crisis, the mid-to-long term plan and exit strategy were set only after support begin. According to the exit strategy outlined in 2018 activity plan, an inventory of supporting programs to date will be developed and a classification of support menu is planned. The list of deliverables will include: care disaster victims needs analysis, outline of the most effective medical support, and specific implementation know-how that proved effective during this work. This support menu will be shared with concerned parties, and will be made available in order to continue the support of ongoing efforts by local resources.

¹ The Core Humanitarian Standard on Quality and Accountability (CHS) is a standard for humanitarian response jointly introduced by HAP International and People In Aid, the Sphere Project. CHS sets out Nine Commitments that organisations and individuals involved in humanitarian response can use to improve the quality effectiveness of the assistance they provide.

CHS Alliance (2014), 'Core Humanitarian Standard', viewed on 27 November 2017.
<https://www.chsalliance.org/what-we-do/chs>

² It was partially resumed later in 2011.

FROM THE PERSPECTIVE OF MEDICAL SUPPORTERS

Beyond the support for mental health care in Fukushima



Suimei MORIKAWA
(Psychiatrist)

Do not make important life decisions in the absence of beneficiaries themselves.

Once I noticed that in some cities of certain prefectures, the mobility and flexibility of public health nurses were outstanding. They listened to residents' stories on site, thought about issues, and made decisions on site together with residents. This was one year after the disaster.

However, their mobility seemed to suddenly drop in following year. The number of duties required oversight of someone not onsite has been increased. Thus, they were forced to consult with a supervisor at another location before implementation.

In Kawauchi Village, public health nurses made decisions while they worked onsite; thus, their judgement was based on direct experience. One of their projects was the creation of "a village where people can continue farming even after being diagnosed with cognitive dementia." This phrase was created by the residents, and the project is continuing through its own trial and error.

Plans that originate at locations removed from the actual situation are often not well-suited to residents' real needs, often with Information that come from mass media, and thus they focus mostly on negative image toward aging and cognitive dementia. In these cases, the treatment will focus mainly on hospitals and nursing, with very little input from the person at the heart of this process. Plan that are created without residents' input not only usually fail, but often exacerbate the relationship between the beneficiaries and the planners.

Residents themselves must be incorporated in the creation of every support plan. We must always look for the best way to incorporate their voices into the plans and the organizations that create the plan.



Yayoi YOKOUCHI
(Clinical psychotherapist)

Community formation by support beyond the framework

I have been deeply impressed with the outstanding performance of local volunteers engaged in disaster rehabilitation who I met during my visit to the Fukushima. Often even though they are themselves disaster victims, they spared no effort to provide necessary assistance and cooperation, thus strengthening their own resilience as well as providing support activities for other suffering people. Both those who were housed in the public restoration facility, and those who were permitted to return to their own houses located in the Evacuation Order Cancellation Zone, experienced an appalling disruption of their lives, far more than anyone had ever imagined before the earthquake. Yet they keep moving forward, striving to adapt positively to a new life, without looking back to the tragic past. The stories they weave recount all different walks of life, some with peace and stability, but many others with difficulty and distress.

Today, Soma District Mental Health Care Centre NAGOMI works both within and in addition to the framework of disaster relief and primary healthcare in the affected areas. They contribute to the building of a new sort of community where all residents can share social well-being and live healthy and secure lives. For them, mental healthcare support in Fukushima includes support for community rebuilding as well. Through my commitment in the relief activities, I intend to identify Fukushima's courage and vitality, and send a message of resilience to the rest of the world.



Rika MASUDA
(Nurse)

Staying close to the sufferers' pain and putting myself in their shoes

Three years have passed since I joined the mental healthcare activities in Fukushima. During this period, more than once I have felt apprehension that the post-disaster trauma would never come to an end but would continue infinitely. In order to live as a human being, everybody must have something to live for. However, the disaster victims have lost this "something." Many have lost families and jobs; many others were separated from families, relatives, and neighbors. Deprived of everything by the prolonged life as evacuees, and filled with a feeling of helplessness, they are struggling every day to discover "something" to live for.

The local members of Soma District Mental Health Care Centre NAGOMI, despite often being themselves disaster victims, are all working very hard to provide assistance for the victims in need. We have come to support them, not only listening to their daily problems, but also lobbying all parties concerned, so that the suffering community can benefit from all available resources to lead a better life. What I can do, I believe, is to stay close to the sufferers' pain and put myself in their shoes. It is important to make them feel that they are not forgotten nor left behind. Indeed, they do matter a lot to us all.



Yoko OCHIAI
(Nurse)

We must keep providing support by all means, even when there is no clear end in sight.

After long and rough treks from the makeshift temporary shelter to the public housing facility, the evacuees of Hama-dori in Fukushima are returning at last to their hometown to start a new chapter of their lives. Many of them seem to demonstrate a relatively positive attitude on their choice to return and resettle. They recognize the presence of relief volunteers who keep supporting them night and day. On the other hand, there are evacuees unable to move forward due a fear of changes or of the insecure future.

Jobs, homes, loved ones ... what they have lost is immeasurable. Moreover, the earthquake, followed by a giant tsunami and aftershocks, caused an unprecedented nuclear accident, which forced the residents to live far away from this region with a heavy load on their shoulders. Due to their growing fear of radiation, the widened economic disparity due to indemnity issues, many people remain at a loss, standing in darkness. All these problems are apparently worse in Fukushima Prefecture than anywhere else.

In the days ahead, new problems may emerge specific to each of the "recommended-return zone" and the "difficult-to-return zone." We must keep providing support by all means, no matter if there is no clear end in sight today.



Yukari KOMATSUBARA
(Healthy Exercise Coach)

Self-care activities can become habitual and thus a driving force for all relief activities.

Six years after the earthquake, I heard from a number of people about their concern over the health condition of local relief workers. In fact, I receive more requests to open exercise classes than ever before. Among relief workers, the majority are disaster victims themselves. Despite the fatigue and stress from their overwhelming workload, they strive every day, saying that their co-workers are working even harder than they are. But it is difficult and eventually, due to repeated absences from work, many of them finally end up in a permanent retirement.

The exercise class is a place to relax physically by sweating and doing sports, chatting and laughing a bit, with the goal to develop some fellowship with others. I myself have often received encouraging words from the participants, "I had a wonderful time, I really enjoyed it," "After doing sports I feel myself as light as a feather and as if I'm flying up in the air with wings!" "I just can't stop shedding tears of gratitude!" One of the participants, whose chronic stress was alleviated through exercises, underlined the importance of the therapeutic practice of sports for relief workers by saying "the more active and healthier they become, the more likely the whole community will revive and energize itself." For this purpose, he keeps himself busy with intense gymnastic classes. I hope this sort of self-care activity develops into a habitual orientation for them individually, and thus becomes a driving force for relief activities among many.

FROM THE LOCAL PERSPECTIVE

Long-term view



Yasuhiro SUTO
(Mental Health Care Clinic
NAGOMI)

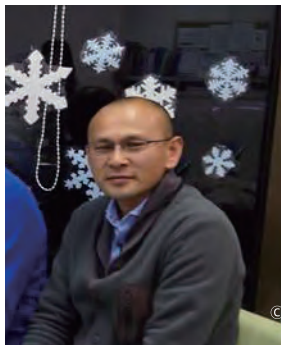
The long-term view of mental health care in Fukushima

Six and a half years have now passed since the Tohoku Earthquake and the Fukushima nuclear accident. For many of the victims of the disaster, time has remained stagnant. The road to recovery from the disaster is long and leading in uncertain future directions. The number of suicide cases associated with the earthquake remains high in Fukushima. The damage resulting from the tsunami and earthquake caused unprecedented and brutal loss. On the other hand, the damage resulting from the nuclear accident is often referred to as a case of “ambiguous loss”¹. In these cases, many are left unable to face their losses and sorrows directly, and thus continue to suffer psychologically.

Reports of symptoms similar to Post-Traumatic Stress Disorder (PTSD) were notable during the period of two years after the earthquake, most likely as the result of changes in environment and family dynamics. At our clinic, these were referred to as cases of “delayed PTSD,” and we are working to provide appropriate treatment to these patients. At the heart of these symptoms is an irregular type of insomnia referred to as “hyperarousal.” In addition, some patients still suffer from flashbacks of the earthquake and tsunami.

Disaster victims are slowly beginning to return to their hometowns as the evacuation orders are lifted. However, the emotional wounds these disaster victims carry still remain. Upon returning to their hometowns, new emotional challenges emerge as they face drastically changed cityscapes, as if to remind the patients of the suffering resulting from the nuclear accident. Among these cases are disaster victims who further lost perspective of the meaning of life and the motivation to fight on and keep living. Maintaining psychological and psychiatric care for these individuals, as well as constructing a social support system, is necessary in order to reduce the number of suicide cases related to the disaster.

¹ “Ambiguous Loss” written by Dr. Pauline Boss, University of Minnesota, focusing on the unseen life-threatening stress. The word is frequently quoted to refer to the victims of Fukushima nuclear accident.



Kazuma YONEKURA
(Soma District Mental Health
Care Centre NAGOMI)

The long-term view of medical health care in Fukushima

Soma District Mental Health Care Centre NAGOMI was established with the aim to help residents cope with the stress caused by the disaster. Being supported by many collaborating groups, including Médecins du Monde, professionals of the Centre have continued their work in mental health care. Marking the seventh year since the establishment of the Centre, we have identified the following goals to be set in the following 10 years:

1. Regenerate, develop and transmit the new psychiatric medical health and welfare system.

Disasters reveal many problems that are often hidden below the surface of daily life, especially for vulnerable groups such as the elderly and disabled, who are more likely to be affected by the disaster. It would be difficult to fully reconstruct the affected areas with only the conventional scheme of psychiatric medical health and welfare. Cooperating with other local organisations, we aim to develop the current system in ways that make them more capable of dealing with the wide range of issues from daily prevention for protecting residents’ psychological and physical health to the treatment of difficult cases. We also aim to publicize these efforts nationwide.

2. Leave no one behind who suffers from protracted and complex mental issues caused by the disaster.

We aim to support the residents still dislocated and those who have returned to their hometown, as both suffer difficulties in adjusting to their dramatically changed situation in the post-disaster period. Genuine disaster recovery also includes the recovery of the ‘Spiritual Hometown’ for each resident.

The hopeful view from Kawauchi Village

The accident at the Fukushima Daiichi Nuclear Power Plant, which took place on March 11, 2011, forced our office staff to evacuate to Koriyama and to relocate our administrative functions. Many Kawauchi residents were forced to adjust to their new life in evacuation centers and temporary housing units, causing feelings of anxiety due to their uncertain future. In particular, drastic changes in family dynamics may be contributing factors to the incidence of insomnia and depressive moods and stress. Often a loss of meaning of life is reported among many disaster victims. The administrative functions of the village returned to Kawauchi in April 2012, but the return of its inhabitants is not moving forward at the same rate. Elderly individuals comprise a large proportion of the villagers, and issues such as dementia, anxiety and insomnia due to changes in environment, and social withdrawal and lifestyle-related diseases are progressively rising, becoming increasingly complex and more serious.

Now, six and a half years after the disaster, approximately 80% of the residents have returned to the village, but due to changes in family dynamics and experiences of evacuation, some are struggling to return to the lives they lived prior to the disaster. Our administrative staff is working tirelessly on earthquake recovery and reconstruction in addition to regular administrative work, even with no clear goal in the foreseeable future. After the disaster, we have been continually supported by many, including Médecins du Monde, who understand well the actual state of our village, have helped us in numerous ways. As a result of this and other support, more and more residents find joy in the resumption of living their day-to-day lives. Although the journey to recovery may be a slow one, only possible through many baby steps, I believe the most important fact is that the residents of Kawauchi are supported in their effort to get back up on their own two feet again.



Keiko IGARI
(Health and Welfare Division
of Kawauchi Village)

PROPOSAL FROM WORKING GROUP

The Policy Proposal in regard for the Deficiency of Medical Staff in the Fukushima Psychiatric Health Sector

Background

Following the earthquake and nuclear disaster, the number of psychiatric hospitals decreased from five to two facilities in the SouSou District of Fukushima. In addition, the number of hospital beds available in the area dropped from 900 to 110 beds. The psychiatric support system in the district was on the verge of collapsing, but with help from the Soma District Mental Health Care Centre NAGOMI / Mental Health Care Clinic NAGOMI, as well as the dedication of the medical facilities in the Soma District, this struggle was gradually overcome, returning a substantial level of support to the area’s patients. Prior to the earthquake, the psychological treatment in the Soma District was more centered on long-term hospitalization treatment, as compared to that found in more metropolitan areas. However, with the drastic decline in available hospital beds, the current situation is revealing the difficulties of living day-to-day lives whilst receiving treatment in the district rather than in hospitals, and is putting the way psychological treatment is provided in the area into question.

We believe there is an urgent need to expand the number of medical personnel able to provide psychological care to both victims of the disaster as well as those who were in need of care prior to 2011.

Tasks

(1) The construction of a network of regional collaboration promoting a transition to regional treatment and livelihood support

In order to start the transition from “hospital treatment centered approach” to “regional treatment centered approach,” a reform envisioned by the Ministry of Health, Labor and Welfare regarding mental health welfare, it is necessary to enrich the social resources offered, such as home-visit nursing stations and livelihood support centers, both of which can improve the rehabilitation function of the region.

(2) The deficiency in nurses, caretakers and other medical / welfare professionals

Due to the large outflow of younger workers from the disaster-stricken areas, Fukushima Prefecture is facing a large shortage of practicing medical and welfare professionals. This has resulted in many nursing homes and medical facilities being unable to be resumed and thus unable to provide aid to the residents of the area. In addition, only 15 out of the 1,862 specialized nurses registered in Japan are currently working in Fukushima (as of October 24th, 2017). It is also problematic that not sufficient environment is provided for nurses to improve their specialized skills. Recruiting personnels from outside of the prefecture or improving salary conditions can have positive effects in some extent; though, there is limit. These are important but only temporary solutions to compensate for the immediate human resource shortage in the area; a permanent solution to these issues is still much in need.

Proposals

Proposal 1: Implement policies that promote human resource development and employment, including for nurses and caregivers, both are key figures in regional medical welfare.

For example, we propose the introduction of specific measures within the reconstruction reforms that would provide educational programs to nurses working at hospitals responsible for the region’s mental healthcare. Measures such as these would benefit younger medical professionals, encouraging them to develop their careers, enhance scholarship, and promote employment more generally in the health fields in the region.

Proposal 2: Develop long-term support facilities in order to maintain the level of medical knowledge of the residents of the region, and to promote mutual support among residents.

Utilizing the know-how of residents and communities themselves through salon activities targeted for evacuees, it is necessary for the residents themselves to become increasingly aware of the issues of mental health, increase their understanding of illnesses and dementia, and encourage activities which develop regional strength by watching over one another.

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11

SPECIAL THANKS FOR THE SUPPORTERS



Professional Volunteers

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[Specified Non-Profit Organization] Soma Follower Team
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[General Incorporated Association] Fukushima Cooperative Reconstruction Center
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Mental Health Care Clinic NAGOMI

Provision of vehicles

PEUGEOT CITROËN JAPON CO., LTD.

Titles omitted / Name order by the Japanese syllabary

A significant part of funds for the projects is subsidized by "Living Together Fund" of Japan Platform (Specified Non-Profit Organization)

12

AFTERWARD

Toward the reconstruction of Fukushima

Now, six years following the earthquake and nuclear disaster, Médecins du Monde (MdM) is marking five and one half years since the start of their support activities in the disaster-struck areas of Fukushima Prefecture. Together with Dr. Shinichi Niwa, former Professor of Psychiatry at Fukushima Medical University and founder of the Society for Creating New Psychiatric Care, Health and Welfare System in the SouSou District, MdM has worked tirelessly towards the reconstruction of Fukushima.

Following the unprecedented disaster, the end of the road to reconstruction still continues in the dark. Individuals have developed psychological burdens over time, with many victims still unable to move forwards since the disaster, exhausted from trying to recreate a lifestyle resembling what they knew before the disaster. Many of the municipalities have completed enormous amounts of work for the reconstruction of their communities, and yet Fukushima is still in a dire state. Doctors, nurses, clinical psychotherapists, and other professional volunteers have worked together to provide support to these disaster victims and to help Fukushima move toward a more viable and hopeful reconstruction day by day.

Based on our activities with the many victims of the 2011 Tohoku disasters, this recommendation was created in order to communicate the current situation of Fukushima, summarize the challenges we still face, and to point the path to reconstruction. We strongly hope that the voices of the disaster victims and the thoughts of the volunteers will help shape the future reconstruction policies that Fukushima Prefecture and government reconstruction agencies are working now to enact. We would like to express our deepest gratitude to the individuals who have helped in the creation of this booklet by submitting manuscripts, contributing their advice and engaging in numerous support activities which made this our work possible.



Activity record movie "5 years from The Great East Japan Earthquake"

Marking 5 years after the "3.11", MdM has summarized our activities and the recent situation in Fukushima for the public.

Link to the movie is below:

URL: <https://www.mdm.or.jp/project/805/>

Recommendation from Support Projects in the Areas Afflicted by the Great East Japan Earthquake

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Titles omitted / Name order by the Japanese syllabary