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Development and Future Challenges of Post-Disaster Mental Health Care

KATO Hiroshi, MD, PhD
Director
Hyogo Institute for Traumatic Stress

Post-disaster Psychiatric Medical Care and Mental Health Activities

Acute-phase medical care

- Support for disaster-affected hospitals
- Support for disaster-affected clinics
- Psychiatric emergency cases

Community health activities during the transition period

- Outreach activities for emergency shelters
- Support for "supporters"

Medium- to long-term health initiatives

- Support for high-risk residents
- Educational activities
- Support for "supporters"
- Establishment of dedicated organizations

Early-phase Psychiatric Medical Care Following the Disaster

- Transfer of inpatients from disaster-affected psychiatric hospitals
- Continuity of care for outpatients
- Support for untreated individuals with mental disorders
- Psychiatric emergency response
- Response to newly emerging psychological problems

These needs vary depending on the type, scale, and location of the disaster, as well as available psychiatric resources.

Early-phase Psychiatric and Mental Health Responses After Major Disasters

- Great Hanshin-Awaji Earthquake (1995)
  - Support for disaster-affected psychiatric clinics (temporary psychiatric relief clinics)
  - Large-scale external support and resulting confusion
- Niigata Chuetsu Earthquake (2004)
  - Successful coordination and control of external support
- Great East Japan Earthquake (2011)
  - New challenge: disaster-affected psychiatric hospitals
  - Large-scale, long-term external support and confusion
- Utilization of the DPAT system: Kumamoto Earthquake (2016), etc.

Characteristics of the Temporary Psychiatric Relief Clinics Established After the Great Hanshin-Awaji Earthquake

- Clinics established to continue medical treatment for displaced outpatients.
- Existing mental health support networks, established before the disaster & led by public health centers, played a key role.
- Unique activities varied in regions or areas, depending on the disaster condition, and support systems were implemented.
- Overall coordination efforts developed gradually in response to ongoing activities.

Psychiatric Medical Care Needs After the Great East Japan Earthquake

Miyagi Prefecture:

- 300 patients from three severely affected hospitals were transferred.
- Patients flooded the psychiatric medical institutions where they were receiving ongoing treatment.
- Psychiatric patients visited disaster base hospitals that lacked psychiatry resources.

Fukushima Prefecture:

- Patients transferred from hospitals in coastal Hamadori after the nuclear accident.
- Tragic deaths during patient transport.
- Delays in situational assessment and transfer coordination drew criticism.
- Cooperation extended beyond neighboring prefectures to psychiatric hospitals nationwide.

Mental Health Care Teams After the Great East Japan Earthquake

- Prefectural teams were dispatched via the Ministry of Health, Labour and Welfare (MHLW)
  - Destinations determined based on local needs.
  - Miyagi: 32, Iwate: 30, Fukushima: 2
- Staff dispatched from university hospital networks (chairs and other psychiatry department leaders).
- Psychiatric specialists joined medical teams.
- Staff dispatched from psychiatric hospital associations and/or academic societies.

Challenges in the Acute Phase of the Great East Japan Earthquake

- Delays in establishing coordination systems
- Imbalance of support
  - Disaster areas in the “spotlight” vs. “forgotten” areas
  - Delays in support for Fukushima
- Burnout among local coordinators
- Insufficient training and preparedness of supporters
  - Job satisfaction and workload
  - Misunderstandings regarding “self-contained”
- Information control and management issues

Establishment of DPAT (Disaster Psychiatric Assistance Team)

- Reflecting on the Great East Japan Earthquake, Japan's Ministry of Health, Labour and Welfare decided to establish DPAT.
- DPAT based on DMAT* precedent.
- Established command and control systems.
- Thorough information control and management (EMIS, J-Speed, etc.)

*DMAT: Disaster Management Assistance Team

Early-phase DPAT Activities After the Kumamoto Earthquake

- A total of 591 patients were transferred from 7 affected hospitals.
- The readiness of the DPAT advance team contributed to its smooth deployment.
- Considering that Japan's psychiatric care remains hospital-centered, this was a pivotal achievement.
- Significance of joining the Disaster Response Headquarters facilitated smooth coordination with DMAT and the Self-Defense Forces.

Four Weeks After the Kumamoto Earthquake

- Shift from medical assistance to community mental health activities
- Uneven distribution of external support teams
- As the role of local health workers increases, their exhaustion becomes apparent
- Psychological support beyond DPAT also began
- Consideration of mid- to long-term mental health care strategies

DPAT Activities in The Noto Peninsula Earthquake

Early-Phase Challenges of DPAT

- Overemphasis on hospital support
- Limited scope of direct medical interventions
- Support for clinics and welfare facilities not anticipated
- Heavy burden on receiving institutions (vulnerable support systems)
- Underestimate the importance of collaboration with local health officials
- Coordination of scale-down and withdrawal timing
- Disparities between national advance teams and local teams
- Challenges in local team operations

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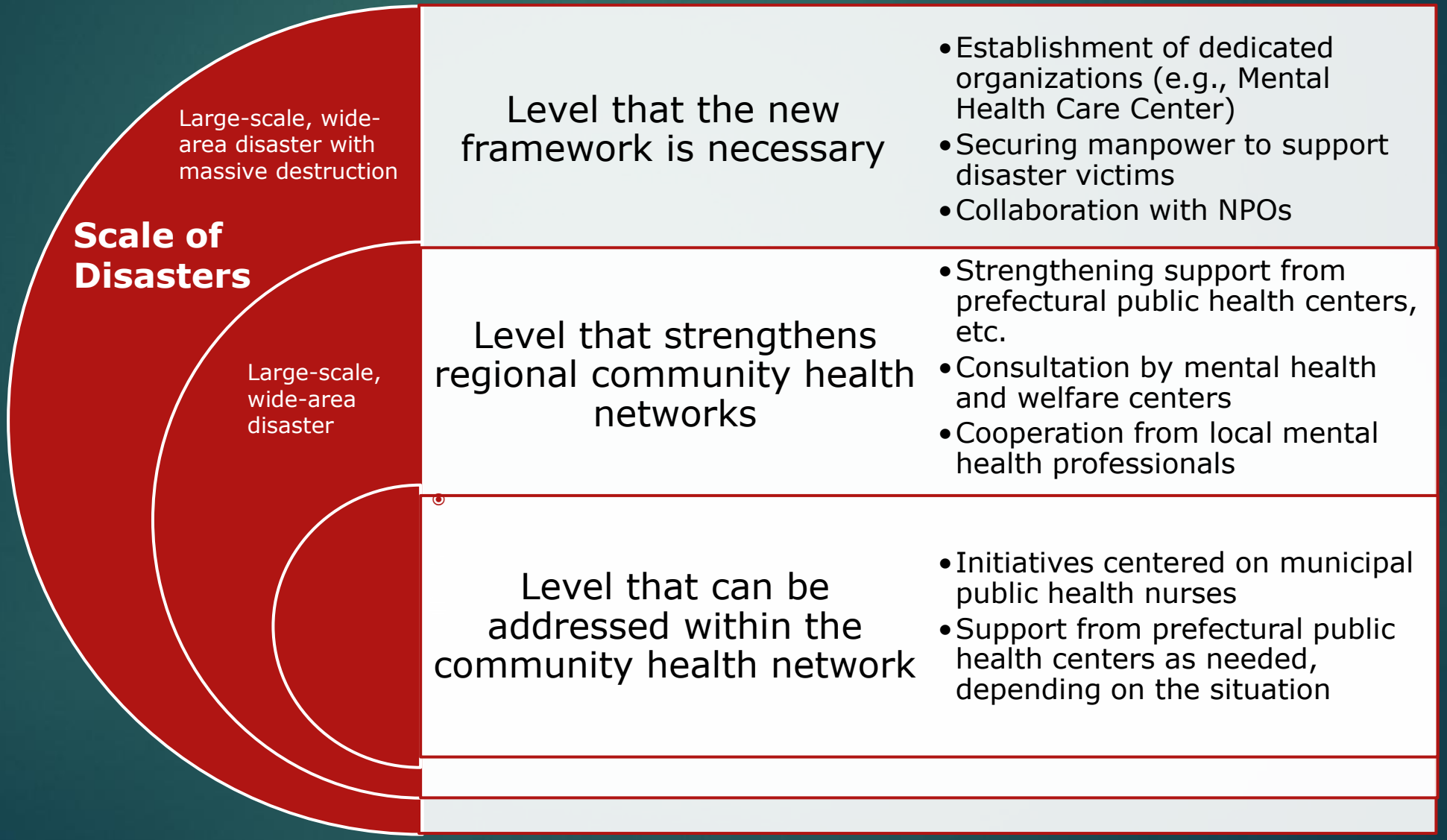
Hierarchical Structure of Mid- to Long-Term Mental Health Initiatives After Disasters



Level that the new framework is necessary	• Establishment of dedicated organizations (e.g., Mental Health Care Center) • Securing manpower to support disaster victims • Collaboration with NPOs
Level that strengthens regional community health networks	• Strengthening support from prefectural public health centers, etc. • Consultation by mental health and welfare centers • Cooperation from local mental health professionals
Level that can be addressed within the community health network	• Initiatives centered on municipal public health nurses • Support from prefectural public health centers as needed, depending on the situation

Disasters where "*KOKORONO Care Centers*" (Mental Health Care Centers) were Established

Disaster Name	Established Month YYYY	Period of operation	Operating Entity	Annual Budget (JPY)
Great Hanshin-Awaji Earthquake (1995)	June 1995	5 years	Mental Health and Welfare Association	300 million
Niigata Chuetsu Earthquake (2004)	Sep. 2005	10 years	Mental Health and Welfare Association	Up to 100 million
Great East Japan Earthquake (2011)				
Iwate Prefecture	Feb. 2012	**	Iwate Medical University	Up to 900 million
Miyagi Prefecture	Dec. 2011	14 years	Mental Health and Welfare Association	Up to 900 million
Fukushima Prefecture	Feb. 2012	**	Mental Health and Welfare Association	Up to 900 million
Kumamoto Earthquake (2016)	Oct. 2016	6 and 1/2 years	Mental Health and Welfare Association	Up to 70 million
Noto Peninsula Earthquake (2024)	Jan. 2024	**	Psychiatric Hospital Association	Not disclosed

** Not yet determined

Roles, Challenges, and Responses of the *"KOKORONO Care Center"*

Roles

- Outreach activities during the recovery period
- Awareness / educational activities
- Consultation

Challenges

- Delay in establishment, need time to gain recognition
- Lack of clarity in the activity policy
- Difficulty securing manpower

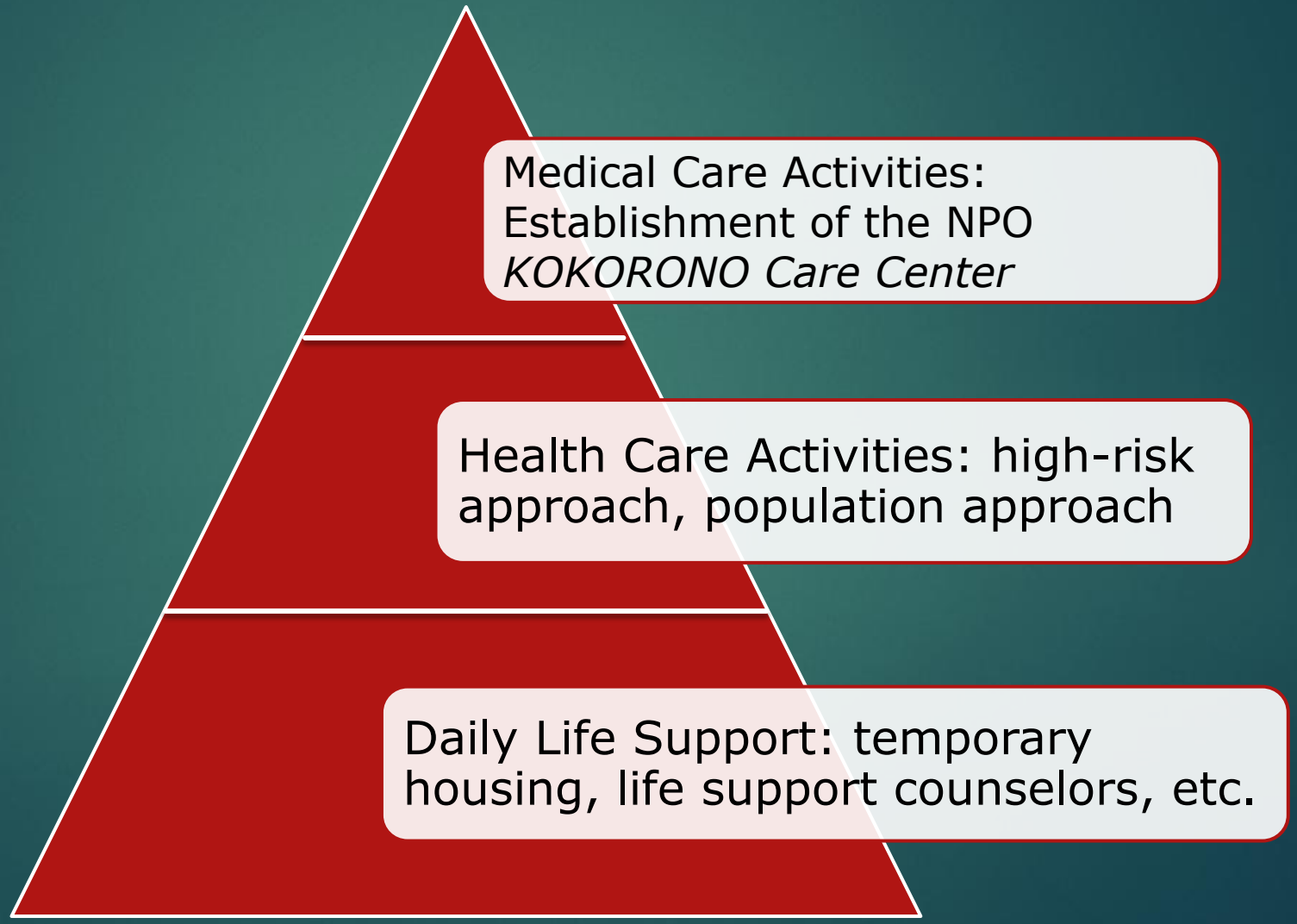
Reponses

- Collaboration with existing organizations is indispensable
- Responsiveness and flexibility

Advantages and Challenges of Dedicated Organizations

- **Advantages**
  - The available professional workforce increases
  - Flexible program implementation by private organizations
- **Challenges**
  - Time for coordination before establishment
  - Time to gain public recognition
  - Difficulty securing manpower and maintaining motivation
  - Coordination with government organizations and agencies
  - Time-limited mandate, making sustainability and succession of projects difficult

Enhancing Approaches at each Level Following the Great East Japan Earthquake



New Developments in Mental Health Activities

- KOKORO (Mental), KARADA (Physical), and Daily Life Counseling Center, Onagawa Town, Miyagi Prefecture
- Miyagi Disaster Mental Health Care Network
  - KARA KORO (Physical and Mental) Station
- Association for Creating a New Psychiatric Healthcare and Welfare System in SOSO*
  - Soma Regional KOKORONO Care Center “NAGOMI”
  - Visiting Nursing Station “NAGOMI”
  - Community Activity Support Center “NAGOMI” CLUB, etc.
- Iwate KODOMO (Children’s) Care Center

*SOSO: coastal area in Fukushima prefecture

New Initiatives Following The Great East Japan Earthquake

Regarding the Operation of *KOKORONO* (Mental Health) Care Centers

- Iwate Prefecture: Operated by Iwate Medical University, which has promoted suicide prevention and other mental health initiatives
- Miyagi Prefecture: Assigned some hired staff to work at disaster-affected municipalities
- Sendai City: Utilized the *KOKORONO* Care Center project to employ contract staff, supplementing manpower
- Fukushima Prefecture: In the Soso area, operations were outsourced to an NPO

Are There Alternatives to the KOKORONO Care Center Model?

- The merits and demerits of using the Great Hanshin-Awaji Earthquake as a model
  - Is the framework of a privately operated organization funded by grants appropriate?
- Changes in the role of Mental Health and Welfare Centers
- Roles of Prefectural Health Centers and Municipalities
- Changes in manpower allocation within public institutions
  - Utilizing Term-Limited Staff in Many Municipalities
- Can DPAT be utilized?

Is There a Basis for Establishing Dedicated Organizations?

- Basic Disaster Management Plan (Page 80): “Mental Health Care Measures for Disaster Victims”
  - Disaster-affected prefectures shall, when necessary, request the organization and cooperation of Disaster Psychiatric Assistance Teams (DPAT), etc., from medical institutions outside the affected area, the national government (Ministry of Health, Labour and Welfare [MHLW]), and other prefectures.
  - The national government (MHLW), non-affected prefectures, and the National Hospital Organization shall, upon request, secure psychiatrists and organize DPAT teams, requesting cooperation from public and private medical institutions as necessary.
  - Prefectures and the National Hospital Organization that organize DPAT teams shall report this to the national government (MHLW).
  - The national government (MHLW) and affected prefectures shall coordinate the dispatch and secure activity sites for DPAT teams.
- Basic Disaster Management Plan (Page 109): "Support for Reconstructing Livelihoods of Disaster Victims, etc."
  - The national government (Cabinet Office, MHLW, etc.) and local governments must provide comprehensive support for rebuilding disaster victims’ lives, including housing, financial assistance, restoration of employment and livelihoods, community recovery, and physical and mental health care.

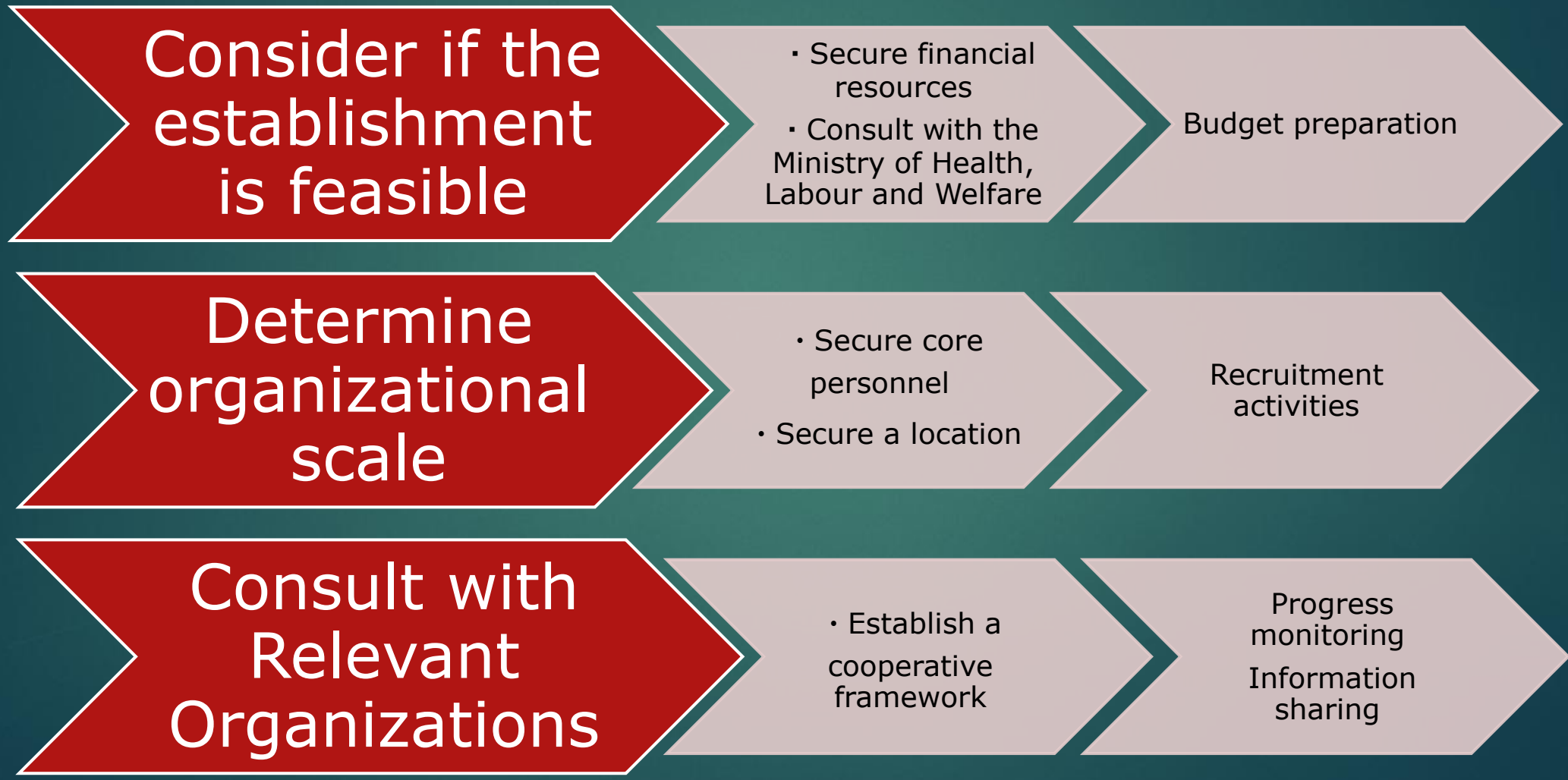
Mental Health Support in Regional Disaster Prevention Plans

- Provisions in Regional Disaster Prevention Plans
  - Many plans describe early-phase Disaster Psychological Assistance Team (DPAT) deployment.
- Fukushima Prefecture: Section 14, Epidemic Prevention and Health and Sanitation; Subsection 5, Mental Health Activities
  - “Mental Health Care for Disaster Victims": The Prefecture (Living Welfare Division, Health and Sanitation Division) and municipalities shall dispatch and station counselors and helpers at evacuation shelters at an early stage, assess victims’ mental health conditions, and, as necessary, arrange DPAT visits to provide care.
- While many plans and documents mention the need for mental health care during the recovery phase, none refer to establishing dedicated organizations.
  - Hyogo Prefecture: The Prefecture (Health and Welfare Offices) will convene a Mental Health Care Liaison Meeting to coordinate activities with relevant agencies and determine future countermeasures.

The Concept of "Pre-Disaster Recovery Planning"

- Concept proposed after the Great East Japan Earthquake in the disaster management field.
- In parallel with disaster prevention and mitigation efforts, recovery planning and preparations should be considered in advance.
- Mental health systems for the recovery phase should be continuously examined and prepared as part of routine planning.
  - Confirm systems according to disaster type and scale.
  - Simulate procedures for establishing dedicated organizations.
  - Strengthen inter-organizational collaboration.
  - Secure and train key personnel.

Confirming the Process for Establishing Dedicated Organizations



Presentation Summary

- Reviewed the background behind the establishment of “KOKORONO Care Centers” for mental health activities during the recovery phase.
- Addressed challenges, including delays in establishment, time required to achieve stable operations, and difficulties in securing personnel.
- Explained the necessary of examining and preparing systems for post-disaster mental health activities in advance.