

Mental Health and Lifestyle Survey

Reported on 20 August 2013

Response rates and support after the survey (FY 2012)

1. Response rates

Number of response As of 31 July 2013

	Target population	Number of response	Response rates (%)
Children	27,108	11,124	41.0
Adults	184,507	54,890	29.7
Total	211,615	66,014	31.2

2. Support after the survey

2.1 Telephone counseling

Respondents who required support were identified on the basis of the survey response. Members of the FMU Mental Health Support Team (clinical psychologists and public health nurses et al.) attempted to contact the respondents via telephone, and provided advice and information about mental health issues.

Support for those who required support (A)

As of 31 July 2013

	Respondents who required support	Proportion (%) ¹⁾	Support given for those who required support ²⁾	Proportion (%)	Number of respondents whose support was completed ³⁾	Proportion (%)
Children	556	5.0	556	100.0	495	88.9
Adults	4,120	7.5	4,117	99.9	3,511	85.2
Total	4,677	7.1	4,673	99.9	4,006	85.6

1) Percentages of respondents out of 11,103 children and 54,872 adults whose data were entered into the database.

2) Including respondents who could not be reached for telephone support due to absence or other reasons or who did not provide their phone numbers.

3) Including support with written materials.

Respondents who required support (A)

Children with SDQ (Strength and Difficulties Questionnaire) score of ≥ 20 and adults with K6 (Kessler, 2003) score of ≥ 17 or PCL (PTSD Checklist Stressor-Specific Version) score of ≥ 61 .

Support for those who required support (B)

As of 31 July 2013

	Respondents who required support	Proportion (%) ¹⁾	Support given for those who required support ²⁾	Proportion (%)	Number of respondents whose support was completed ³⁾	Proportion (%)
Children	112	1.0	88	78.6	65	58.0
Adults	1,694	3.1	713	42.1	541	31.9
Total	1,806	2.7	801	44.4	606	33.6

1) Percentages of respondents out of 11,103 children and 54,872 adults whose data were entered into the database.

2) Including respondents who could not be reached for telephone support due to absence or other reasons or who did not provide their phone numbers.

3) Including support with written materials.

Respondents who required support (B)

Those identified on the basis of the content of free-answer questions.

Adults with a previous history of hypertension or diabetes who haven't received medical care with a BMI ≥ 30 , and a weight gain of ≥ 3 kg after the disaster.

2.2 Written materials

Respondents who could not be reached for telephone support due to absence or other reasons were sent written materials providing the telephone number of the Mental Health and Lifestyle Survey helpline for consultation. In order to provide them telephone counselling, the written materials include a response card for them to write down the changes of physical condition since they filled out the survey form.

2.3 Support with municipal governments

The information of the respondents who were determined to require continuous support is shared with municipal governments which work with the Fukushima Centre for Disaster Mental Health as needed. 40 respondents were identified as candidates.

2.4 Other support services

We provide over-the-phone support to those who directly make calls to the Mental Health and Lifestyle Survey helpline. 12 people received phone support.

FY 2012 is from 1 April 2012 through 31 March 2013.

Interim report of Mental Health and Lifestyle Survey (FY 2012)

Purpose

On the basis of the results of Mental Health and Lifestyle survey (FY 2011), we conducted the survey using questionnaires in order to continue sending a strong message of support to the victim. In addition, this survey aims to provide better care by understanding the changes in lives of the victim and their cause.

Subjects

Target population of the survey in FY 2012 was 211,615 including officially registered residents of the nationally designated evacuation zones – Hirono, Naraha, Tomioka, Kawauchi, Okuma, Futaba, Namie, Katsurao, Iitate, Minami-soma, Tamura, Kawamata, and part of Date (the area with a specific spot recommended for evacuation) – and those born before 1 April 2012.

Group 1: 4,625 children born between 2 April 2009 and 1 April 2012 (0-3 year olds)

Group 2: 5,047 children born between 2 April 2006 and 1 April 2009 (4-6 year olds)

Group 3: 11,413 children born between 2 April 2000 and 1 April 2006 (primary school age)

Group 4: 6,023 children born between 2 April 1997 and 1 April 2000 (middle school age)

Group 5: 184,507 adults born before 1 April 1997

Methods

Questionnaires (to be filled out by self or parent/guardian) were mailed to the target population.

Data collection

52,116 responses gathered from 7 February through 28 February 2013 have been entered into the database by 19 July 2013.

Results

The numbers of valid response were: 1,804 (39.0%) in Group 1, 1,905 (37.7%) in Group 2, 3,974 (34.8%) in Group 3, 1,796 (29.8%) in Group 4 and 39,495 (21.4%) in Group 5.

Conclusions

Children

The prevalence of above the cut-off point of ≥ 16 on SDQ was higher among younger children. The survey showed a higher percentage of male children with above the cut-off point than female children: 18.8% in 4-6 years, 18.3% in primary school age and 13.4% in middle school age among male children, 14.5% in 4-6 years, 13.2% in primary school age and 12.2% in middle school age among female children.

Adults

The higher the age, higher the proportion of above the cut-off points (≥ 13 for K6 and ≥ 44 for PCL): 7.9% on K6 and 6.5 % on PCL in 10-19 years, 14.1% on K6 and 27.7% on PCL in 70-79 years.

The prevalence of above the cut-off point on K6 was 13.5% among females compared with 10.0% among males and above the cut-off point on PCL was 19.6% among females compared with 16.6% among males.

FY 2011 is from 1 April 2011 through 31 March 2012.