

Progress Report of Mental Health and Lifestyle Survey

Reported on 15 February 2016

1. Implementation Plan of Mental Health and Lifestyle Survey for FY 2015

1.1 Purpose

From FY 2011 through FY 2013, we conducted a detailed survey regarding the residents' mental health and lifestyle habits. In the FY 2014 survey, we cut the questionnaire items in half to make them easier for the participants to answer and to provide better care. Furthermore, we added items that 13 municipalities requested in order to reflect the views of support staff.

In FY 2015, we will continue to conduct the survey with the survey forms used in FY 2014 to monitor the residents' mental health and lifestyle changes, and to offer proper support.

For the survey respondents assessed to be requiring support, we provide over-the-phone or other support services, and effective care by sharing information with municipal governments and the Fukushima Center for Disaster Mental Health.

1.2 Survey Respondents

Residents of Evacuation Zones (when the FY 2011 survey was sent)

208,385 people as of 8 January 2016

[Evacuation Zones]

Hirono, Naraha, Tomioka, Kawauchi, Okuma, Futaba, Namie, Katsurao, Iitate

Minami-soma, Tamura, Kawamata, and parts of Date (the area with a specific spot recommended for evacuation)

1.3 Survey Methods

We plan to mail survey forms (to be filled out by self or parent/guardian) to the survey population from early February 2016.

1.3-1 Classification

Category	Age Criteria	Method
Adults	Born before 1 April 2000	Self-administered
Middle school age	Born between 2 April 2000 and 1 April 2003	Partially self-administered
Primary school age	Born between 2 April 2003 and 1 April 2009	Completed by parents
4-6 years	Born between 2 April 2009 and 1 April 2012	Completed by parents
0-3 years	Born between 2 April 2012 and 1 April 2015	Completed by parents

1.3-2 Survey Items

- Mental and physical health
- Lifestyle habits (diet, sleep, smoking, exercise)
- Living conditions (for adults)

1.3-3 Support after the Survey

- Doctors and other professionals at Fukushima Medical University (FMU) will evaluate and analyse the survey responses. The Mental Health Support Team consisting of clinical psychologists, public health nurses and other professionals will provide phone or other forms of support to respondents assessed to require counseling or support for mental health or lifestyle problems.
- Participants who require further medical treatment will be referred to registered physicians (*see next section) at medical facilities in the Fukushima Prefecture. Those requiring continued support will be referred to the municipal government of the area from which they evacuated and the Fukushima Center for Disaster Mental Health, where their support needs will be reviewed and met.
- At the registered general practitioner's discretion, participants assessed to require further professional mental health care will be handled by FMU and cooperating institutions in the normal course of treatment. Specifically, children will be handled at the Children's Mental Health Treatment Center and all others will be handled in the Department of Psychosomatic Medicine.
- The Mental Health Support Team will offer information and advice about radiation to

participants, and those participants assessed to require assistance from a particular relevant specialist will be handled by the Radiation Health Consultation Team comprised of professors from FMU. If an individual inquiring about the health effects of radiation or some other issue needs to have a medical examination, specialist doctors and other professionals will determine the course of action.

2. Registered General Practitioners

Registered general practitioners are psychiatrists or pediatricians who provide services to participants assessed to require healthcare services based on the Mental Health and Lifestyle Survey.

To be eligible for registration, a psychiatrist or a pediatrician needs to attend the accredited workshops held by FMU. The number of registrants is 140 from 83 medical institutions as of 31 December 2015.

3. Send Individual Notices of Results to Respondents

Survey questionnaire for FY 2015 is mailed to residents in February 2016. The results of main items and advice is sent back to those who responded by 31 August 2016.

Mental Health and Lifestyle Survey for FY 2014

Summary of Support

1. Purpose

The Great East Japan Earthquake on 11 March 2011 and the following accident at the Fukushima Daiichi Nuclear Power Plant brought the residents of Fukushima Prefecture psychological distress or post-traumatic stress disorder (PTSD) caused by radiation anxiety, evacuation, loss of property, and fearful experiences. The survey started in FY 2011 to understand the residents' mental health and lifestyle, and provide them with appropriate care.

Since the results of the Mental Health and Lifestyle Survey for FY 2011-2013 show that ongoing care is needed by understanding the residents' mental health and lifestyle changes, we conducted the survey for FY 2014 using survey forms.

We started sending survey results of main items and advice to residents this fiscal year. Also, Mental Health Support Team consisting of clinical psychologists, public health nurses and others performed consultations to those assessed to require counseling or support for mental health or lifestyle problems in order to improve the residents' conditions and connect them to medical institutions.

2. Survey Respondents

Respondents to the Mental Health and Lifestyle Survey for FY 2014, who are residents of nationally designated evacuation areas or those born on or before 1 April 2014. We have five types of surveys according to age.

- Age 0-3 years : Participants born between April 2, 2011 and April 1, 2014.
- Age 4-6 years : Participants born between April 2, 2008 and April 1, 2011.
- Primary School : Participants born between April 2, 2002 and April 1, 2008.
- Middle School : Participants born between April 2, 1999 and April 1, 2002.
- Adults : Participants born on or before April 1, 1999.

In this survey, 'children' refers to the respondents of middle school age and below.

3. Methods

3.1 Individual Notices of Results

Survey questionnaires for FY 2014 were mailed to the survey population in February 2015. In November, the results of main items with advice were sent individually to those who responded by 31 August 2015. We introduced a phone number for people to get more detailed information with the results, and posted Frequently Asked Questions on the test results section of our Japanese website. The items provided to the participants follow:

Survey type	Items in the result
0-3 years	Height, weight, diet (1 year olds and older), exercise (2 year olds and older), bedtime
4-6 years	Height, weight, diet, exercise, bedtime, behavioral difficulties and emotional health (SDQ ¹)
Primary school age	Height, weight, diet, exercise, bedtime, behavioral difficulties and emotional health (SDQ)
Middle school age	Height, weight, diet, exercise, sleep, behavioral difficulties and emotional health (SDQ)
Adults	Obesity (BMI ²), diet, exercise, sleep, psychological distress scale (K6 ³)

1) Strength and Difficulties Questionnaire. Mental health and behavioral screening scale for children.

2) Body Mass Index (calculated based on height and weight written in the survey forms)

3) Psychological distress scale which screens for general mental illness such as depression and anxiety.

In the results for children, standard height and weight by age in months at the time when they completed the survey forms were provided for reference.

3.2 Criteria for Support

The Mental Health Support Team selected individuals who required support based on the criteria below after reviewing their responses to the survey for FY 2014. We provided telephone counseling sessions or sent written support materials according to the urgency and severity.

This report provides the results of those who responded by 31 October 2015 and received support by 31 December 2015.

Criteria for support are based on A) Scores and B) Items other than scores.

3.2-1 Telephone Counseling

Respondents who required support (A):

- Children with SDQ score ≥ 20 , adults with K6 score ≥ 15 .

Respondents who required support (B):

- Children and adults identified based on the content of free-answer questions and in urgent need of support.
- Adults with a previous history of hypertension (HT) or diabetes (DM) who have not received treatment and met the following criteria: BMI ≥ 27.5 kg/m² (HT/DM • BMI), or those who consume ≥ 42 drinks in total per week (HT/DM • Excessive drinking) (Multiply the number of days per week by the average daily drinking volume).
- Adults with a history of mental disorders who are not currently visiting a clinic.

3.2-2 Mail Support

Respondents who required support (A):

- Children with SDQ score ≥ 16 (criterion in initial screening¹) and adults with K6 score ≥ 10 (criterion for anxiety disorder in initial screening²), who did not meet the criteria for telephone counseling.

References

1) Matsuishi T, et al. (2008) Scale properties of the Japanese version of the Strengths and Difficulties Questionnaire (SDQ): a study of infant and school children in community samples. *Brain and Development*. 30: 410-415.

2) Distribution and related factors of mental health conditions based on the nationwide K6 questionnaire survey. FY 2006 Health Labour Sciences Research Grant (Research on Applied Use of Statistics and Information). Research on the consideration of a system that understands and analyzes statistical information regarding the health condition of citizens from a household perspective. Divided research document.

Respondents who required support (B):

- Children and adults identified based on the content of free-answer questions and not in urgent need of support.
- Adults who neither meet the above criteria nor receive necessary medical treatment with unsatisfactory sleep, depressed mood and/or decreased activity.
Adults with a history of mental disorders who did not answer about their hospital visit(s).
- Adults with CAGE (method of screening for alcoholism) score ≥ 2 out of 4.

We sent the respondents who required mail support a letter with a special phone number for support, and a return postcard asking their desire for telephone support (excluding those who only met the criteria for alcohol dependence). Telephone support was provided for those who indicated their desire for support, or those who were assessed to require support based on the reply content.

3.3 Categories of Interventions and Those Results

In the telephone counseling sessions, we asked the respondents about their health and problems they were facing.

We categorized what transpired in the counseling sessions, e.g., listened carefully, recommended seeing a doctor, advised lifestyle changes, offered psychoeducation, provided information (such as social resources), etc.

The results of the telephone counseling were categorized into four groups as shown below: Follow-up 1, 2, 3, and declined support.

As for continued support, there are four categories as shown below: Follow-up support, referred to outside institutions, mail support, and directed to other departments.

3.3-1 Categories of Results

- Follow-up 1 : Participants confirmed to be improving or self-managing their problems.
- Follow-up 2 : Participants not fully recovering from health problems, emotional aftermath of the disaster, adjustment problems, etc.
- Follow-up 3 : Participants whose status could not be confirmed.
- Declined support : Participants who clearly conveyed that they did not want support.

3.3-2 Continued Support

- Follow-up support: Participants requiring continued telephone counseling.
- Referred to outside institutions: Participants required to be referred to municipal government or the Fukushima Center for Disaster Mental Health.
- Mail support: Participants were sent referral, list of registered general practitioners, information of institutions outside the prefecture for support, and letters providing information for registered doctors.
- Directed to other departments: Participants needing services related to the Basic Survey and/or Thyroid Ultrasound Examination of FMU's Radiation Medical Science Center.

4. Results

4.1 Send Results to Respondents

Notices of results were sent to 6,777 children (1,069 of 0-3 years, 1,470 of 4-6 years, 2,871 of primary school students, and 1,367 of middle school students) and 43,482 adults. The total number was 50,259.

4.2 Number of Respondents Requiring Support and Support Provided

A total of 871 children required support; 354 of them needed telephone counseling and 517 required mail support. Of the 517 participants, 17 were assessed to require telephone counseling based on the responses to the written materials.

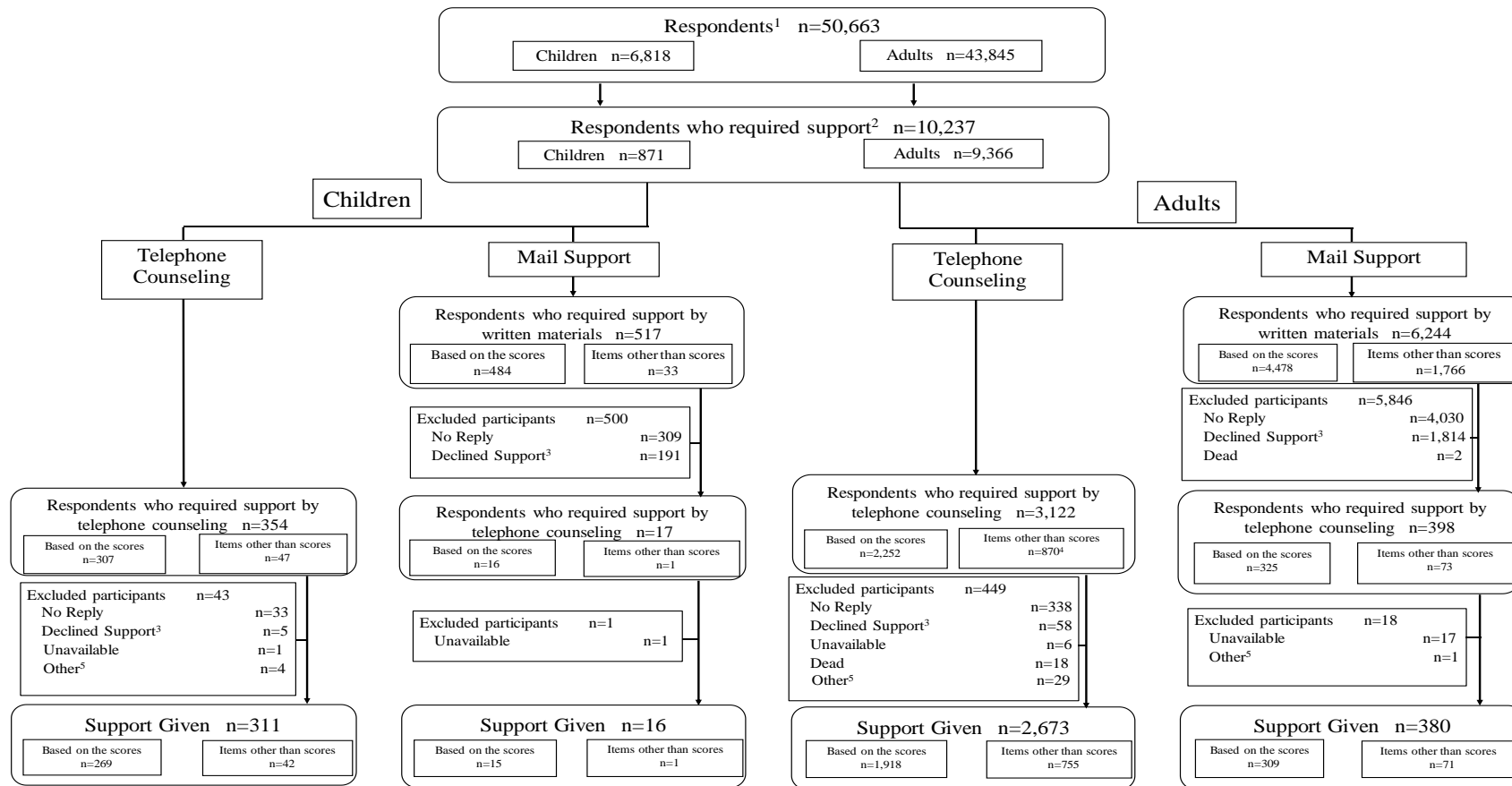
A total of 9,366 adults required support; 3,122 of them needed telephone counseling and 6,244 required mail support. After receiving the mail support, 398 were assessed to require telephone counseling. The number of those who only met the criteria of CAGE scores was 1,882.

To those who were identified as requiring support but could not be reached for telephone support and those who only met the criteria of CAGE scores (except for those who died),

information was provided by sending booklet made by Radiation Medical Science Center of FMU: *Mental Health and Lifestyle Support*.

Figure 1 shows the numbers of respondents requiring support and the support provided. It excludes participants who only met the criteria of CAGE scores.

The percentages in Figure 1 are rounded and may not total to 100%.



- 1) Those who responded by 31 October 2015.
- 2) Those who received support by 31 December 2015.
- 3) Those who indicated no desire for support in the return postcard.
- 4) The number includes 399 participants who required support by telephone counseling regarding lifestyle habits.
- 5) Such as those who preferred telephone support out of hours.

Figure 1: Number of participants required support and the number of support provided

4.3 Telephone Support for Children

Since SDQ is for children aged 4 years and older, children aged 0-3 years old were assessed on the basis of the free-answer question. Since few participants who had been sent written materials received telephone counseling (0 of age 0-3 years, 4 of age 4-6 years, 8 of primary school age, 4 of middle school age), the following results combine participants requiring telephone counseling with the number of those assessed to require telephone support based on the written materials.

4.3-1 Status of Respondents Requiring Support

A total of 371 children required support; 354 of them needed telephone counseling and 17 were assessed to require telephone support on the basis of the written support materials. Of these 371 children, 206 (55.5%) were male, 165 (44.5%) were female, 265 (71.4%) lived within Fukushima Prefecture, and 106 (28.6%) lived outside Fukushima. Telephone support was successfully provided to 327 (88.1%) of the total. Respondents living within Fukushima were 232 (70.9%), and 95 (29.1%) were living outside Fukushima (Table 1).

Table 1: Status of children requiring support (By sex and area)

Participants requiring support	Total 371	0-3 years 3	4-6 years 86	Primary school age 183	Middle school age 99
Male	206 (55.5%)	1 (33.3%)	42 (48.8%)	106 (57.9%)	57 (57.6%)
Female	165 (44.5%)	2 (66.7%)	44 (51.2%)	77 (42.1%)	42 (42.4%)
Within Fukushima	265 (71.4%)	1 (33.3%)	69 (80.2%)	121 (66.1%)	74 (74.7%)
Outside Fukushima	106 (28.6%)	2 (66.7%)	17 (19.8%)	62 (33.9%)	25 (25.3%)
Support given	327	3	75	164	85
Within Fukushima	232 (70.9%)	1 (33.3%)	60 (80.0%)	108 (65.9%)	63 (74.1%)
Outside Fukushima	95 (29.1%)	2 (66.7%)	15 (20.0%)	56 (34.1%)	22 (25.9%)

4.3-2 Problems Participants Face

In the telephone counseling sessions, we asked respondents about their health and problems they were facing. The most frequently mentioned problems children were facing were related to school, followed by physical health problems, irritability and violence. The most frequently mentioned problems parents or guardians were facing were family problems followed by school- and physical health-related issues.

Furthermore, we used question items made with the help of physicians specialized in child and adolescent psychiatry to more comprehensively understand the situation the participants were facing in the counseling sessions. The most frequently discussed issues of children by participants who received telephone counseling were the following: rebellious behavior, 43 (22.9%); irritability, 57 (29.5%); and guardian's anxiety about child rearing, 76 (30.2%). When asked about their hospital visits, 24 (9.5%) of the respondents said they saw psychosomatic medicine specialists, 30 (11.9%) saw other professionals, and 198 (78.6%) did not visit any clinics (Table 2).

Table 2: State of health of participants who received telephone counseling

	Total 327	0-3 years 3	4-6 years 75	Primary school age 164	Middle school age 85
Have sleeping problems					
Yes	26 (9.0%)	0 (0.0%)	1 (1.4%)	13 (8.9%)	12 (17.4%)
No	262 (91.0%)	3 (100.0%)	69 (98.6%)	133 (91.1%)	57 (82.6%)
Unclear	39 -	0 -	5 -	18 -	16 -
Have appetite problems					
Yes	21 (7.5%)	2 (66.7%)	3 (4.4%)	9 (6.3%)	7 (10.6%)
No	260 (92.5%)	1 (33.3%)	65 (95.6%)	135 (93.8%)	59 (89.4%)
Unclear	46 -	0 -	7 -	20 -	19 -
Have friendship problems					
Yes	45 (17.2%)	0 (0.0%)	4 (6.3%)	23 (17.3%)	18 (28.1%)
No	217 (82.8%)	1 (100.0%)	60 (93.8%)	110 (82.7%)	46 (71.9%)
Unclear	65 -	2 -	11 -	31 -	21 -
Feel energetic					
Yes	219 (89.4%)	3 (100.0%)	55 (84.6%)	114 (92.7%)	47 (87.0%)
No	26 (10.6%)	0 (0.0%)	10 (15.4%)	9 (7.3%)	7 (13.0%)
Unclear	82 -	0 -	10 -	41 -	31 -
Somatization					
Yes	28 (13.7%)	1 (50.0%)	8 (14.5%)	15 (14.9%)	4 (8.5%)
No	177 (86.3%)	1 (50.0%)	47 (85.5%)	86 (85.1%)	43 (91.5%)
Unclear	122 -	1 -	20 -	63 -	38 -
Rebellious					
Yes	43 (22.9%)	1 (50.0%)	7 (14.0%)	24 (26.1%)	11 (25.0%)
No	145 (77.1%)	1 (50.0%)	43 (86.0%)	68 (73.9%)	33 (75.0%)
Unclear	139 -	1 -	25 -	72 -	41 -
Irritable					
Yes	57 (29.5%)	2 (100.0%)	6 (12.5%)	33 (34.0%)	16 (34.8%)
No	136 (70.5%)	0 (0.0%)	42 (87.5%)	64 (66.0%)	30 (65.2%)
Unclear	134 -	1 -	27 -	67 -	39 -

Table 2: (Cont.) State of health of participants who received telephone counseling

Support given	Total 327	0-3 years 3	4-6 years 75	Primary school age 164	Middle school age 85
Emotionally dependent					
Yes	19 (12.9%)	2 (100.0%)	6 (14.0%)	9 (13.0%)	2 (6.1%)
No	128 (87.1%)	0 (0.0%)	37 (86.0%)	60 (87.0%)	31 (93.9%)
Unclear	180 -	1 -	32 -	95 -	52 -
Bored					
Yes	2 (1.5%)	1 (50.0%)	0 (0.0%)	1 (1.6%)	0 (0.0%)
No	133 (98.5%)	1 (50.0%)	41 (100.0%)	60 (98.4%)	31 (100.0%)
Unclear	192 -	1 -	34 -	103 -	54 -
Have developmental problems					
Yes	42 (17.0%)	0 (0.0%)	6 (10.0%)	25 (19.5%)	11 (19.0%)
No	205 (83.0%)	1 (100.0%)	54 (90.0%)	103 (80.5%)	47 (81.0%)
Unclear	80 -	2 -	15 -	36 -	27 -
Emotional or behavioral problems					
Yes	38 (18.7%)	1 (50.0%)	6 (11.1%)	26 (25.5%)	5 (11.1%)
No	165 (81.3%)	1 (50.0%)	48 (88.9%)	76 (74.5%)	40 (88.9%)
Unclear	124 -	1 -	21 -	62 -	40 -
Mental disorder					
Yes	4 (1.7%)	0 (0.0%)	0 (0.0%)	2 (1.7%)	2 (3.7%)
No	231 (98.3%)	1 (100.0%)	60 (100.0%)	118 (98.3%)	52 (96.3%)
Unclear	92 -	2 -	15 -	44 -	31 -
Traumatic stress reaction after the disaster					
Yes	22 (11.2%)	0 (0.0%)	3 (5.8%)	15 (16.0%)	4 (8.3%)
No	174 (88.8%)	2 (100.0%)	49 (94.2%)	79 (84.0%)	44 (91.7%)
Unclear	131 -	1 -	23 -	70 -	37 -
School adjustment					
Well-adjusted	239 (85.4%)	3 (100.0%)	64 (97.0%)	121 (85.8%)	51 (72.9%)
Fail to adjust	41 (14.6%)	0 (0.0%)	2 (3.0%)	20 (14.2%)	19 (27.1%)
Unclear	47 -	0 -	9 -	23 -	15 -
Home or living environment problems					
Yes	35 (14.3%)	1 (50.0%)	6 (10.2%)	17 (13.2%)	11 (20.4%)
No	209 (85.7%)	1 (50.0%)	53 (89.8%)	112 (86.8%)	43 (79.6%)
Unclear	83 -	1 -	16 -	35 -	31 -
Guardian's anxiety about child rearing					
Yes	76 (30.2%)	2 (100.0%)	16 (25.0%)	39 (30.7%)	19 (32.2%)
No	176 (69.8%)	0 (0.0%)	48 (75.0%)	88 (69.3%)	40 (67.8%)
Unclear	75 -	1 -	11 -	37 -	26 -
Guardian's physical health					
Good	246 (92.1%)	1 (50.0%)	62 (96.9%)	125 (90.6%)	58 (92.1%)
Bad	21 (7.9%)	1 (50.0%)	2 (3.1%)	13 (9.4%)	5 (7.9%)
Unclear	60 -	1 -	11 -	26 -	22 -
Guardian's mental health					
Good	222 (83.8%)	2 (100.0%)	52 (85.2%)	115 (83.9%)	53 (81.5%)
Bad	43 (16.2%)	0 (0.0%)	9 (14.8%)	22 (16.1%)	12 (18.5%)
Unclear	62 -	1 -	14 -	27 -	20 -
Treatments					
Psychiatry or psychosomatic medicine	24 (9.5%)	0 (0.0%)	1 (1.8%)	11 (8.7%)	12 (17.4%)
Other	30 (11.9%)	1 (100.0%)	8 (14.5%)	17 (13.4%)	4 (5.8%)
No	198 (78.6%)	0 (0.0%)	46 (83.6%)	99 (78.0%)	53 (76.8%)
Unclear	75 -	2 -	20 -	37 -	16 -
Utilization of professional support					
Yes	62 (25.2%)	0 (0.0%)	12 (21.4%)	34 (27.9%)	16 (23.9%)
No	184 (74.8%)	1 (100.0%)	44 (78.6%)	88 (72.1%)	51 (76.1%)
Unclear	81 -	2 -	19 -	42 -	18 -

The participants who did not mention the issue go to 'Unclear' category.
Proportions do not include the number of 'Unclear'.

4.3-3 Categories of Interventions and Those Results

The results of the telephone counseling were categorized into ‘Follow-up 1,’ ‘Follow-up 2,’ ‘Follow-up 3,’ and ‘Declined Support’ as was the case in the previous surveys. The breakdown below shows the criteria of ‘Follow-up 2,’ which were divided into the problems faced by the children and the problems faced by the guardians. Numbers in the breakdown refer to the total number and the proportion in the brackets show the ratio of total number to the number of ‘Follow-up 2.’ Also, we categorized how we conducted the counseling sessions.

After the telephone support, 266 (81.3%) were categorized as ‘Follow-up 1,’ 45 (13.8%) were categorized as ‘Follow-up 2,’ 10 (3.1%) were categorized as ‘Follow-up 3,’ and 6 (1.8%) declined support (Table 3). The top reason 16 children and 16 guardians (35.6%) were categorized as ‘Follow-up 2’ was having mental problems (Table 4).

Table 3: Results of telephone counseling

Support given	Total 327	0-3 years 3	4-6 years 75	Primary school age 164	Middle school age 85
Follow-up 1	266 (81.3%)	3 (100.0%)	67 (89.3%)	137 (83.5%)	59 (69.4%)
Follow-up 2	45 (13.8%)	0 (0.0%)	5 (6.7%)	18 (11.0%)	22 (25.9%)
Follow-up 3	10 (3.1%)	0 (0.0%)	1 (1.3%)	5 (3.0%)	4 (4.7%)
Declined support	6 (1.8%)	0 (0.0%)	2 (2.7%)	4 (2.4%)	0 (0.0%)

Table 4: Breakdown of the reasons for ‘Follow-up 2’

Number of ‘Follow-up 2’	Total 45	0-3 years 0	4-6 years 5	Primary school age 18	Middle school age 22
(Children)					
Physical problems	3 (6.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (13.6%)
Mental problems	16 (35.6%)	0 (0.0%)	1 (20.0%)	5 (27.8%)	10 (45.5%)
School maladaptation	15 (33.3%)	0 (0.0%)	0 (0.0%)	3 (16.7%)	12 (54.5%)
Other	7 (15.6%)	0 (0.0%)	1 (20.0%)	3 (16.7%)	3 (13.6%)
(Guardian)					
Physical problems	7 (15.6%)	0 (0.0%)	0 (0.0%)	4 (22.2%)	3 (13.6%)
Mental problems	16 (35.6%)	0 (0.0%)	2 (40.0%)	7 (38.9%)	7 (31.8%)
Child rearing problems	12 (26.7%)	0 (0.0%)	2 (40.0%)	5 (27.8%)	5 (22.7%)
Isolation	1 (2.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (4.5%)
Other	8 (17.8%)	0 (0.0%)	0 (0.0%)	7 (38.9%)	1 (4.5%)

The breakdown provides the total number.

We provided various types of support: listened carefully to the participants, 264 (80.7%); recommended seeing a doctor, 9 (2.8%); advised lifestyle changes, 7 (2.1%); offered psychoeducation, 23 (7.0%); provided information by phone, 12 (3.7%); and other (checked residents' condition), 61 (18.7%). (Table 5.)

Table 5: Content of the support

Support given	Total 327	0-3 years 3	4-6 years 75	Primary school age 164	Middle school age 85
Listened carefully	264 (80.7%)	2 (66.7%)	60 (80.0%)	135 (82.3%)	67 (78.8%)
Recommended seeing a doctor	9 (2.8%)	0 (0.0%)	0 (0.0%)	4 (2.4%)	5 (5.9%)
Advised lifestyle changes	7 (2.1%)	0 (0.0%)	1 (1.3%)	4 (2.4%)	2 (2.4%)
Offered psychoeducation	23 (7.0%)	0 (0.0%)	5 (6.7%)	11 (6.7%)	7 (8.2%)
Provided information by phone	12 (3.7%)	0 (0.0%)	3 (4.0%)	4 (2.4%)	5 (5.9%)
Other (checked residents' condition)	61 (18.7%)	1 (33.3%)	14 (18.7%)	28 (17.1%)	18 (21.2%)

The breakdown provides the total number.

Among those who needed continued support services, 13 were categorized as 'Follow-up support,' 3 were referred to outside institutions, 1 was sent written materials, and 1 was directed to other departments (Table 6).

Table 6: Continued support

Support given	Total 327	0-3 years 3	4-6 years 75	Primary school age 164	Middle school age 85
Follow-up support	13 (4.0%)	0 (0.0%)	1 (1.3%)	9 (5.5%)	3 (3.5%)
Referred to outside institutions	3 (0.9%)	0 (0.0%)	0 (0.0%)	2 (1.2%)	1 (1.2%)
Mail support	1 (0.3%)	0 (0.0%)	0 (0.0%)	1 (0.6%)	0 (0.0%)
Directed to other departments	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.2%)

4.4 Telephone Support for Adults

4.4-1 Status of Respondents Requiring Support

(Telephone Counseling)

A total of 3,122 adults required telephone counseling sessions; 2,252 were identified on the basis of the scores, and 870 were assessed on the basis of items other than scores. Among the participants, 2,673 (85.6%) received telephone support.

Among those who required telephone support on the basis of the scores, 915 (40.6%) were male and 1,337 (59.4%) were female. Among those who required support on the basis of items other than scores, 476 (54.7%) were male and 394 (45.3%) were female (Table 7).

Among those who required telephone support, 2,503 (80.2%) lived within Fukushima Prefecture and 619 (19.8%) lived outside Fukushima. Among the participants who received telephone support, 2,151 (80.5%) lived within Fukushima Prefecture and 522 (19.5%) lived outside Fukushima (Table 8).

Table 7: Participants requiring telephone counseling (By sex and age group)

Age group	Based on the scores			Based on the items other than scores		
	Total	Male	Female	Total	Male	Female
15-19	53	15 (28.3%)	38 (71.7%)	12	6 (50.0%)	6 (50.0%)
20-29	118	40 (33.9%)	78 (66.1%)	33	15 (45.5%)	18 (54.5%)
30-39	225	90 (40.0%)	135 (60.0%)	83	47 (56.6%)	36 (43.4%)
40-49	221	108 (48.9%)	113 (51.1%)	132	78 (59.1%)	54 (40.9%)
50-59	309	144 (46.6%)	165 (53.4%)	142	83 (58.5%)	59 (41.5%)
60-69	430	201 (46.7%)	229 (53.3%)	258	149 (57.8%)	109 (42.2%)
70-79	512	211 (41.2%)	301 (58.8%)	142	72 (50.7%)	70 (49.3%)
80-	384	106 (27.6%)	278 (72.4%)	68	26 (38.2%)	42 (61.8%)
Total	2,252	915 (40.6%)	1,337 (59.4%)	870	476 (54.7%)	394 (45.3%)

Ages are as of 1 April 2014.

Table 8: Participants requiring telephone counseling (By area)

Participants requiring support	Total	Based on the scores	Items other than scores
	3,122	2,252	870
Within Fukushima	2,503 (80.2%)	1,783 (79.2%)	720 (82.8%)
Outside Fukushima	619 (19.8%)	469 (20.8%)	150 (17.2%)
Support given	2,673	1,918	755
Within Fukushima	2,151 (80.5%)	1,530 (79.8%)	621 (82.3%)
Outside Fukushima	522 (19.5%)	388 (20.2%)	134 (17.7%)

(Mail Support)

Among the participants requiring mail support, a total of 398 required telephone counseling sessions (325 of them were identified on the basis of the scores, and 73 were assessed on the items other than scores). We provided support to 380 (95.5%) residents.

Out of the participants identified on the basis of the scores, 157 (48.3%) were male and 168 (51.7%) were female. Among the participants who were assessed on the items other than scores, 42 (57.5%) were male and 31 (42.5%) were female (Table 9).

Among those who required telephone support, 329 (82.7%) lived within Fukushima Prefecture and 69 (17.3%) lived outside Fukushima. The telephone counseling sessions were provided to 314 (82.6%) participants who lived within Fukushima Prefecture and 66 (17.4%) who lived outside Fukushima (Table 10).

Table 9: Participants required telephone counseling among those who required mail support (By sex and age group)

Age group	Based on the scores			Based on the items other than scores		
	Total	Male	Female	Total	Male	Female
15-19	4	2 (50.0%)	2 (50.0%)	0	0 (0.0%)	0 (0.0%)
20-29	5	1 (20.0%)	4 (80.0%)	2	2 (100.0%)	0 (0.0%)
30-39	14	5 (35.7%)	9 (64.3%)	6	2 (33.3%)	4 (66.7%)
40-49	18	11 (61.1%)	7 (38.9%)	5	3 (60.0%)	2 (40.0%)
50-59	44	24 (54.5%)	20 (45.5%)	9	3 (33.3%)	6 (66.7%)
60-69	56	31 (55.4%)	25 (44.6%)	22	15 (68.2%)	7 (31.8%)
70-79	108	52 (48.1%)	56 (51.9%)	14	9 (64.3%)	5 (35.7%)
80-	76	31 (40.8%)	45 (59.2%)	15	8 (53.3%)	7 (46.7%)
Total	325	157 (48.3%)	168 (51.7%)	73	42 (57.5%)	31 (42.5%)

Ages are as of 1 April 2014.

Table 10: Participants required telephone counseling among those who required mail support (By area)

Participants requiring support	Support given	Based on the scores	Items other than scores
	398	325	73
Within Fukushima	329 (82.7%)	266 (81.8%)	63 (86.3%)
Outside Fukushima	69 (17.3%)	59 (18.2%)	10 (13.7%)
Support given	380	309	71
Within Fukushima	314 (82.6%)	253 (81.9%)	61 (85.9%)
Outside Fukushima	66 (17.4%)	56 (18.1%)	10 (14.1%)

4.4-2 Problems Participants Face

(Telephone Counseling)

In the telephone counseling sessions, we asked residents about problems they were facing. The most frequently mentioned problems were physical health problems followed by sleeping problems and depression.

We asked participants using checklists about their health conditions, sleep, and hospital visit(s). Table 11 provides the state of health of participants.

When asked about the state of health, 1,220 (51.1%) answered 'Good,' and 1,168 (48.9%) answered 'Bad.' Comparing health conditions with a year ago, 268 (12.3%) saw improvement, 1,582 (72.7%) saw no changes, 225 (10.3%) became worse, and 101 (4.6%) have not had problems so far.

Asked about their sleep, 1,087 (48.4%) answered 'Good,' and 1,159 (51.6%) answered 'Bad.' Comparing the sleep habit with a year ago, 213 (10.4%) saw improvement, 1,696 (82.7%) saw no changes, 73 (3.6%) became worse, and 69 (3.4 %) have not had problems so far.

As for clinics, 410 (17.1%) were treated by psychiatrists or psychosomatic medicine specialists, 1,429 (59.7%) were treated by other specialists, and 556 (23.2%) did not see a doctor.

Table 11: State of health of participants who received telephone counseling

	Total	Based on the scores	Items other than scores
Support given	2,673	1,918	755
Physical condition			
Good	1,220 (51.1%)	744 (43.6%)	476 (70.0%)
Bad	1,168 (48.9%)	964 (56.4%)	204 (30.0%)
Unclear	285 —	210 —	75 —
Changes in physical condition			
Improved	268 (12.3%)	179 (11.6%)	89 (14.0%)
No change	1,582 (72.7%)	1,104 (71.6%)	478 (75.4%)
Worsened	225 (10.3%)	189 (12.3%)	36 (5.7%)
Have not had problems	101 (4.6%)	70 (4.5%)	31 (4.9%)
Unclear	497 —	376 —	121 —
Sleeping habit			
Good	1,087 (48.4%)	672 (41.9%)	415 (64.5%)
Bad	1,159 (51.6%)	931 (58.1%)	228 (35.5%)
Unclear	427 —	315 —	112 —
Changes in sleep			
Improved	213 (10.4%)	161 (11.1%)	52 (8.7%)
No change	1,696 (82.7%)	1,193 (82.2%)	503 (83.8%)
Worsened	73 (3.6%)	62 (4.3%)	11 (1.8%)
Have not had problems	69 (3.4%)	35 (2.4%)	34 (5.7%)
Unclear	622 —	467 —	155 —
Treatments			
Psychiatry or psychosomatic medicine	410 (17.1%)	361 (20.9%)	49 (7.3%)
Other	1,429 (59.7%)	1,078 (62.5%)	351 (52.5%)
No	556 (23.2%)	287 (16.6%)	269 (40.2%)
Unclear	278 —	192 —	86 —
Utilization of professional support			
Yes	683 (43.1%)	521 (46.9%)	162 (34.0%)
No	903 (56.9%)	589 (53.1%)	314 (66.0%)
Unclear	1,087 —	808 —	279 —
Depression			
Yes	1,130 (49.6%)	985 (60.7%)	145 (22.2%)
No	1,146 (50.4%)	638 (39.3%)	508 (77.8%)
Unclear	397 —	295 —	102 —
Anxiety over the disaster/psychological trauma			
Yes	184 (11.8%)	162 (16.2%)	22 (4.0%)
No	1,369 (88.2%)	838 (83.8%)	531 (96.0%)
Unclear	1,120 —	918 —	202 —

The participants who did not mention the issue go to 'Unclear' category. Proportions do not include the number of 'Unclear.'

(Mail Support)

We provided telephone counseling to those who indicated their desire for telephone support by return postcard, and to those who were assessed by the Mental Health Support Team that they required support based on the content of the reply.

In the telephone counseling sessions, we asked residents about problems they were facing. The most frequently mentioned problems were physical health problems followed by sleeping problems and family issues.

We asked participants using checklists about their health condition, sleep, and hospital visit(s). Table 12 provides the state of health of participants.

When asked about the state of health, 163 (48.1%) answered 'Good,' and 176 (51.9%) answered 'Bad.' Comparing health conditions with a year ago, 35 (11.2%) saw improvement, 227 (72.8%) saw no changes, 37 (11.9%) became worse, and 13 (4.2%) have not had problems so far.

Asked about their sleep, 165 (52.2%) answered 'Good,' and 151 (47.8%) answered 'Bad.' Comparing the sleep habit with a year ago, 20 (6.9%) saw improvement, 245 (84.8%) saw no changes, 12 (4.2%) became worse, 12 (4.2 %) have not had problems so far.

As for clinics, 34 (9.9%) were treated by psychiatrists or psychosomatic medicine specialists, 262 (75.9%) were treated by other specialists, and 49 (14.2%) did not see a doctor.

Table 12: State of health of participants who received telephone counseling among those who required mail support

Support given	Total 380	Based on the scores 309	Items other than scores 71
Physical condition			
Good	163 (48.1%)	126 (46.5%)	37 (54.4%)
Bad	176 (51.9%)	145 (53.5%)	31 (45.6%)
Unclear	41 —	38 —	3 —
Changes in physical condition			
Improved	35 (11.2%)	22 (8.9%)	13 (20.3%)
No change	227 (72.8%)	193 (77.8%)	34 (53.1%)
Worsened	37 (11.9%)	23 (9.3%)	14 (21.9%)
Have not had problems	13 (4.2%)	10 (4.0%)	3 (4.7%)
Unclear	68 —	61 —	7 —
Sleeping habit			
Good	165 (52.2%)	127 (50.6%)	38 (58.5%)
Bad	151 (47.8%)	124 (49.4%)	27 (41.5%)
Unclear	64 —	58 —	6 —
Changes in sleep			
Improved	20 (6.9%)	9 (3.9%)	11 (18.0%)
No change	245 (84.8%)	200 (87.7%)	45 (73.8%)
Worsened	12 (4.2%)	9 (3.9%)	3 (4.9%)
Have not had problems	12 (4.2%)	10 (4.4%)	2 (3.3%)
Unclear	91 —	81 —	10 —
Treatments			
Psychiatry or psychosomatic medicine	34 (9.9%)	33 (11.9%)	1 (1.5%)
Other	262 (75.9%)	218 (78.7%)	44 (64.7%)
No	49 (14.2%)	26 (9.4%)	23 (33.8%)
Unclear	35 —	32 —	3 —
Utilization of professional support			
Yes	102 (42.0%)	79 (42.5%)	23 (40.4%)
No	141 (58.0%)	107 (57.5%)	34 (59.6%)
Unclear	137 —	123 —	14 —
Depression			
Yes	85 (27.4%)	67 (27.3%)	18 (27.7%)
No	225 (72.6%)	178 (72.7%)	47 (72.3%)
Unclear	70 —	64 —	6 —
Anxiety over the disaster/psychological trauma			
Yes	16 (5.5%)	13 (5.7%)	3 (4.7%)
No	276 (94.5%)	215 (94.3%)	61 (95.3%)
Unclear	88 —	81 —	7 —

The participants who did not mention the issue go to 'Unclear' category. Proportions do not include the number of 'Unclear.'

4.4-3 Categories of Interventions and Those Results

The results of the support were categorized into ‘Follow-up 1,’ ‘Follow-up 2,’ ‘Follow-up 3,’ and ‘Declined Support’ as was the case in the previous surveys. The breakdown below shows the criteria of ‘Follow-up 2.’ Numbers in the breakdown refer to the total number and the proportion in the brackets show the ratio of total number to the number of ‘Follow-up 2.’ Also, we categorized how we conducted the counseling sessions.

(Telephone Counseling)

After the telephone counseling, 2,197 (82.2%) were designated as ‘Follow-up 1,’ 359 (13.4%) as ‘Follow-up 2,’ 75 (2.8%) as ‘Follow-up 3,’ and 42 (1.6%) as ‘Declined Support’ (Table 13). The reasons for ‘Follow-up 2’ were categorized into the following: 196 (54.6%) for physical health problems, 241 (67.1%) for mental health problems, 36 (10.0%) for social maladaptation, 49 (13.6%) for isolation (Table 14).

Table 13: Results of telephone counseling

	Total		Based on the scores		Items other than scores
Support given	2,673		1,918		755
Follow-up 1	2,197 (82.2%)		1,510 (78.7%)		687 (91.0%)
Follow-up 2	359 (13.4%)		317 (16.5%)		42 (5.6%)
Follow-up 3	75 (2.8%)		58 (3.0%)		17 (2.3%)
Declined support	42 (1.6%)		33 (1.7%)		9 (1.2%)

Table 14: Breakdown of the reasons for ‘Follow-up 2’

	Total		Based on the scores		Items other than scores
Number of ‘Follow-up 2’	359		317		42
Physical problems	196 (54.6%)		175 (55.2%)		21 (50.0%)
Mental problems	241 (67.1%)		216 (68.1%)		25 (59.5%)
Social maladaptation	36 (10.0%)		31 (9.8%)		5 (11.9%)
Isolation	49 (13.6%)		44 (13.9%)		5 (11.9%)

The breakdown provides the total number.

We provided various types of support: listened carefully to the participants, 2,246 (84.0%); recommended seeing a doctor, 449 (16.8%); advised lifestyle changes, 563 (21.1%); offered psychoeducation, 248 (9.3%); provided information by phone, 95 (3.6%); and other (checked residents' condition), 384 (14.4%). (Table 15.)

Table 15: Content of the support

Support given	Total		Based on the scores		Items other than scores	
	2,673		1,918		755	
Listened carefully	2,246	(84.0%)	1,605	(83.7%)	641	(84.9%)
Recommended seeing a doctor	449	(16.8%)	230	(12.0%)	219	(29.0%)
Advised lifestyle changes	563	(21.1%)	223	(11.6%)	340	(45.0%)
Offered psychoeducation	248	(9.3%)	205	(10.7%)	43	(5.7%)
Provided information by phone	95	(3.6%)	45	(2.3%)	50	(6.6%)
Other (checked residents' condition)	384	(14.4%)	291	(15.2%)	93	(12.3%)

The breakdown provides the total number.

Among those who needed continued support services, 304 were designated as 'Follow-up support,' 56 were referred to outside institutions, 36 were sent written materials, and 2 were directed to other departments (Table 16).

Table 16: Continued support

Support given	Total		Based on the scores		Items other than scores	
	2,673		1,918		755	
Follow-up support	304	(11.4%)	134	(7.0%)	170	(22.5%)
Referred to outside institutions	56	(2.1%)	36	(1.9%)	20	(2.6%)
Mail support	36	(1.3%)	33	(1.7%)	3	(0.4%)
Directed to other departments	2	(0.1%)	1	(0.1%)	1	(0.1%)

(Mail Support)

After the telephone counseling, 331 (87.1%) were designated as 'Follow-up 1,' 41 (10.8%) as 'Follow-up 2,' 7 (1.8%) as 'Follow-up 3,' and 1 (0.3%) as 'Declined Support' (Table 17). The reasons for 'Follow-up 2' were categorized into the following: 23 (56.1%) for physical health problems, 21 (51.2%) for mental health problems, 0 (0.0%) for social maladaptation, 4 (9.8%) for isolation (Table 18).

Table 17: Results of the telephone counseling among those who required mail support

Support given	Total		Based on the scores		Items other than scores	
	380		309		71	
Follow-up 1	331	(87.1%)	263	(85.1%)	68	(95.8%)
Follow-up 2	41	(10.8%)	38	(12.3%)	3	(4.2%)
Follow-up 3	7	(1.8%)	7	(2.3%)	0	(0.0%)
Declined support	1	(0.3%)	1	(0.3%)	0	(0.0%)

Table 18: Breakdown of the reasons for 'Follow-up 2'

	Total	Based on the scores	Items other than scores
Number of 'Follow-up 2'	41	38	3
Physical problems	23 (56.1%)	20 (52.6%)	3 (100.0%)
Mental problems	21 (51.2%)	20 (52.6%)	1 (33.3%)
Social maladaptation	0 (0.0%)	0 (0.0%)	0 (0.0%)
Isolation	4 (9.8%)	4 (10.5%)	0 (0.0%)

The breakdown provides the total number.

We provided various types of support: listened carefully to the participants, 343 (90.3%); recommended seeing a doctor, 40 (10.5%); advised lifestyle changes, 77 (20.3%); offered psychoeducation, 36 (9.5%); provided information by phone, 12 (3.2%); and other (checked residents' condition), 38 (10.0%). (Table 19.)

Table 19: Content of the support

	Total	Based on the scores	Items other than scores
Support given	380	309	71
Listened carefully	343 (90.3%)	274 (88.7%)	69 (97.2%)
Recommended seeing a doctor	40 (10.5%)	24 (7.8%)	16 (22.5%)
Advised lifestyle changes	77 (20.3%)	38 (12.3%)	39 (54.9%)
Offered psychoeducation	36 (9.5%)	27 (8.7%)	9 (12.7%)
Provided information by phone	12 (3.2%)	6 (1.9%)	6 (8.5%)
Other (checked residents' condition)	38 (10.0%)	37 (12.0%)	1 (1.4%)

The breakdown provides the total number.

Among those who needed continued support services, 31 were designated as 'Follow-up support,' 1 was referred to outside institutions, 4 were sent written materials, and 0 was directed to other departments (Table 20).

Table 20: Continued support

	Total	Based on the scores	Items other than scores
Support given	380	309	71
Follow-up support	31 (8.2%)	17 (5.5%)	14 (19.7%)
Referred to outside institutions	1 (0.3%)	1 (0.3%)	0 (0.0%)
Mail support	4 (1.1%)	2 (0.6%)	2 (2.8%)
Directed to other departments	0 (0.0%)	0 (0.0%)	0 (0.0%)

4.5 Telephone Support Based on Items Other than Scores (Lifestyle Habits)

In the telephone counseling sessions for those who require support regarding lifestyle habits, we asked their health, changes in lifestyle, hospital visits, and health awareness and recommended seeing a doctor. Also, we offered information about the health effects of obesity and excessive alcohol consumption and encouraged lifestyle changes. Since the individuals need long-term support to maintain a behavior change, we continued to support them to check that they followed the advice.

4.5-1 Criteria for Support

Of the respondents with a previous history of hypertension (HT) or diabetes (DM) and have not received treatment, those who met the following criteria:

1. Those with a BMI ≥ 27.5 kg/m² (HT/DM • BMI)
2. Those who consume ≥ 42 drinks in total per week
(HT/DM • Excessive drinking)
3. Those who meet both of the above criteria (HT/DM • BMI • Excessive drinking)

4.5-2 Status of Respondents Requiring Support

A total of 399 individuals required support. The number of participants who were assessed on the basis of 'HT/DM • BMI' was 291, 'HT/DM • Excessive drinking' was 95, and 'HT/DM • BMI • Excessive drinking' was 13. Among those who required support, 275 (68.9%) were male and 124 (31.1%) were female. The age group of 60-69 years had the largest number of respondents requiring support: 109 (27.3%). The second largest age group was 50-59 years, 84 (21.1%), followed by the age group of 40-49 years, 73 (18.3%). Among those who required support, 331 (83.0%) lived within Fukushima Prefecture and 68 (17.0%) lived outside Fukushima (Table 21).

Table 21: Participants required telephone support based on items other than scores
(By sex, age group and area)

	Total	HT/DM • BMI	HT/DM • Excessive drinking	HT/DM • BMI • Excessive drinking
Support given	399	291	95	13
Sex				
Male	275 (68.9%)	180 (61.9%)	82 (86.3%)	13 (100.0%)
Female	124 (31.1%)	111 (38.1%)	13 (13.7%)	0 (0.0%)
Age group				
15-19	7 (1.8%)	7 (2.4%)	0 (0.0%)	0 (0.0%)
20-29	16 (4.0%)	14 (4.8%)	2 (2.1%)	0 (0.0%)
30-39	52 (13.0%)	44 (15.1%)	5 (5.3%)	3 (23.1%)
40-49	73 (18.3%)	54 (18.6%)	16 (16.8%)	3 (23.1%)
50-59	84 (21.1%)	53 (18.2%)	29 (30.5%)	2 (15.4%)
60-69	109 (27.3%)	74 (25.4%)	32 (33.7%)	3 (23.1%)
70-79	43 (10.8%)	34 (11.7%)	7 (7.4%)	2 (15.4%)
80-	15 (3.8%)	11 (3.8%)	4 (4.2%)	0 (0.0%)
Area of residence				
Within Fukushima	331 (83.0%)	241 (82.8%)	79 (83.2%)	11 (84.6%)
Outside Fukushima	68 (17.0%)	50 (17.2%)	16 (16.8%)	2 (15.4%)

Ages are as of 1 April 2014.

4.5-3 Results of Telephone Counseling

Telephone support was provided to 345 individuals in total: 248 with ‘HT/DM • BMI’, 84 with ‘HT/DM • Excessive drinking,’ and 13 with ‘HT/DM • BMI • Excessive drinking.’

In the telephone counseling sessions, we asked how aware they are of the importance of exercising and diet, or risks from alcohol and smoking. Table 22 shows the results.

Table 22: Awareness of one’s own lifestyle

Participants who received support	HT/DM • BMI	HT/DM • Excessive drinking	HT/DM • BMI • Excessive drinking
Total 345	248	84	13
Exercise	98 (39.5%)	26 (31.0%)	4 (30.8%)
Dietary habits	94 (37.9%)	20 (23.8%)	4 (30.8%)
Drinking, smoking	65 (26.2%)	38 (45.2%)	9 (69.2%)

Multiple answers allowed.

After the first telephone support, we found out that 203 (58.8%) had been to clinics. The number of those who require continued support, such as advice on lifestyle habits, was 142 (41.2%) in total: 102 with ‘HT/DM • BMI,’ 35 with ‘HT/DM • Excessive drinking,’ and 5 with ‘HT/DM • BMI • Excessive drinking.’ (See Table 23.)

Table 23: Results of the first telephone counseling

	Total	HT/DM•BMI	HT/DM • Excessive drinking	HT/DM • BMI • Excessive drinking
Participants who received support	345	248	84	13
No follow-up support	203 (58.8%)	146 (58.9%)	49 (58.3%)	8 (61.5%)
Follow-up support	142 (41.2%)	102 (41.1%)	35 (41.7%)	5 (38.5%)

Among the 142 individuals requiring follow-up support, we have completed the support for 108 (76.1%) in total: 79 with ‘HT/DM•BMI,’ 24 with ‘HT/DM•Excessive drinking,’ and 5 with ‘HT/DM • BMI • Excessive drinking.’ The number of those who were confirmed to have sought professional help or made lifestyle changes was 94 (87.0%) in total: 69 with ‘HT/DM • BMI,’ 22 with ‘HT/DM • Excessive drinking,’ and 3 with ‘HT/DM • BMI • Excessive drinking.’ (See Table 24.)

Table 24: Results of follow-up support

Participants requiring follow-up support	Total	HT/DM•BMI	HT/DM • Excessive drinking	HT/DM • BMI • Excessive drinking
	142	102	35	5
Support completed	108 (76.1%)	79 (77.5%)	24 (68.6%)	5 (100.0%)
Did not improve	14 (13.0%)	10 (12.7%)	2 (8.3%)	2 (40.0%)
Improved	94 (87.0%)	69 (87.3%)	22 (91.7%)	3 (60.0%)
Visited doctors	58 (61.7%)	41 (59.4%)	15 (68.2%)	2 (66.7%)
Improved lifestyle	36 (38.3%)	28 (40.6%)	7 (31.8%)	1 (33.3%)

5. Conclusion

The number of respondents of the FY 2014 Mental Health and Lifestyle Survey was 50,663. Of these, individual notices of results were sent to 50,259 participants who responded by 31 August 2015 as a new support service.

The number of those who required support based on scores was 871 children and 9,366 adults. Based only on the CAGE scores, the number was 1,882. Among the children, 354 required telephone counseling sessions and 517 required mail support. Based on the content of the written materials, 17 participants were assessed to require telephone support. Among the adults, 3,122 required telephone counseling sessions and 6,244 required mail support. Based on the content of the written materials, 398 participants were assessed to require telephone support. To those who were identified as requiring support but could not be reached for telephone support and those who only met the criteria of CAGE scores (except for those who died), information was provided by sending booklet made by FMU's Radiation Medical Science Center: *Mental Health and Lifestyle Support*.

After the telephone counseling sessions for children, 266 (81.3%) were categorized as 'Follow-up 1,' and 45 (13.8%) were categorized as 'Follow-up 2.' Frequently discussed issues of children were concerns related to school, physical health problems, and irritability and violence. Among parent's or guardian's problems, frequently mentioned issues were the following: family problems, school related issues, and physical health problems.

Among the adults requiring telephone support, 2,197 (82.2%) were categorized as 'Follow-up 1' and 359 (13.4%) were categorized as 'Follow-up 2.' Among the respondents who required mail support, 331 (87.1%) were categorized as 'Follow-up 1' and 41 (10.8%) were categorized as 'Follow-up 2.' Frequently discussed issues were physical problems and sleep problems, followed by depression among the respondents who required telephone support, and family problems among those who required mail support.

The number of respondents who required telephone counseling based on lifestyle habits was 399, 345 (86.5%) of whom received support. Of these, 108 (76.1%) received continued telephone support. Ninety-four (87.0%) of them were confirmed to be making lifestyle changes.