

# A Report of Psychiatric Intervention in Minamisoma City

March 15<sup>th</sup>, 2015

Specially Appointed Assistant Professor,  
Department of Disaster and Comprehensive  
Medicine

Vice-President, Hibarigaoka Hospital

**Arinobu Hori**



計画的避難区域

警戒区域

緊急時避難準備区域

年間積算放射線量が基準を越えそうな地点(×)

福島市

伊達市

川俣町

二本松市

田村市

いわき市

飯館村

葛尾村

川内村

南相馬市

浪江町

双葉町

●福島第一原発

大熊町

富岡町

楢葉町

広野町

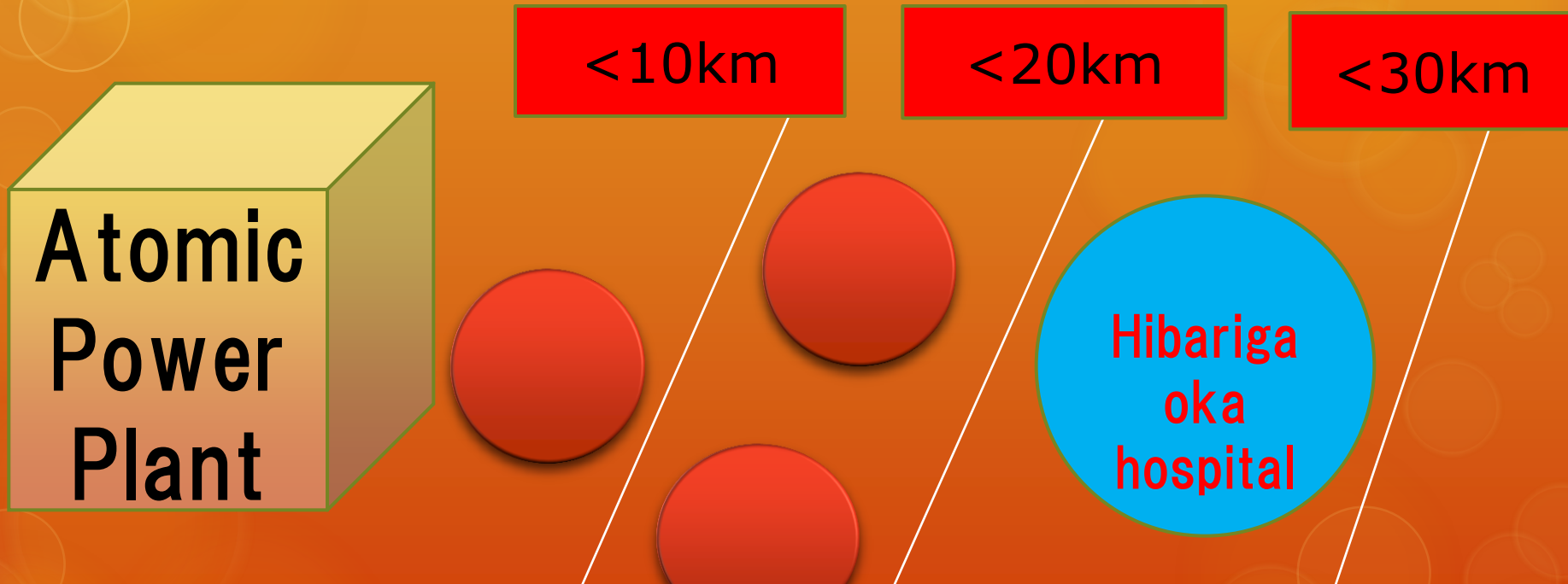
30km

20km





Psychiatric practice was destroyed after the disaster in the north coastal area of Fukushima Prefecture.



Hibarigaoka Hospital was temporarily closed



# Hibarigaoka Hospital

- **Founded in 1956**
- **The first psychiatric hospital in Soso Area (Northern coastal part of Fukushima Prefecture)**
- **4 wards (254 beds) before the disaster.**
- **Within 30 km of the atomic power plant; temporarily closed.**
- **2 wards (nearly 70 beds) are operational.**

# “Nagomi” mental health care center in Soma district

- The new psychiatric clinic after the disaster  
Temporary psychiatric clinic  
at (public) Soma General Hospital  
→Mental health clinic “Nagomi”
- Outreach approach
- Public awareness and support to the local  
community



# Case presentation

- This case history is partially changed in order to maintain confidentiality.
- The patient and her family consented to allow this case history to be presented.

\*Detailed medical history is omitted here.

Case : female, in her 60s.

○ Diagnosis

- Severe depression with psychotic features ( F 32.3)
- Post Traumatic Stress Disorder ( F 43.1)

# Discussion① course of psychological conflicts and symptoms of the patient

symptoms	Psychological conflicts	Relation with the company
Psychotic anxiety Immersion into her job	Guilty feeling about tsunami victims Fear of being hated	Devotion to her job even though she was accused
Improvement of anxiety	Lonely feeling	Limited work
Acceptance of taking a rest Bought a pet dog	Recollection of her own psychological trauma	Quit the job



## Discussion②

### Tendency of local residents

- **Diligent, patient, indifferent to their own psychological sufferings**
- **Concern for their community has priority**
- **Prejudice about psychiatric practice**

**→Patients with depression or PTSD may not come to psychiatric clinics.**

# Disucussion③

## Changes after the disaster

### **Population of Minamisoma**

Before the disaster: 72,000 After the disaster: 50,000

Minimum (2011-3-29) : 9000

### **The number of refugees of Minamisoma (2014-11-13)**

outside the city : 12,736

inside the city(temporary house) : 4,978

inside the city(not in temporary house) : 3,770

### **Proportion of people elder than 65-year old**

2011-3-11 : 25.9% (18,547/71,561)

2014-1-23 : 33.2% (16,485/49,664)

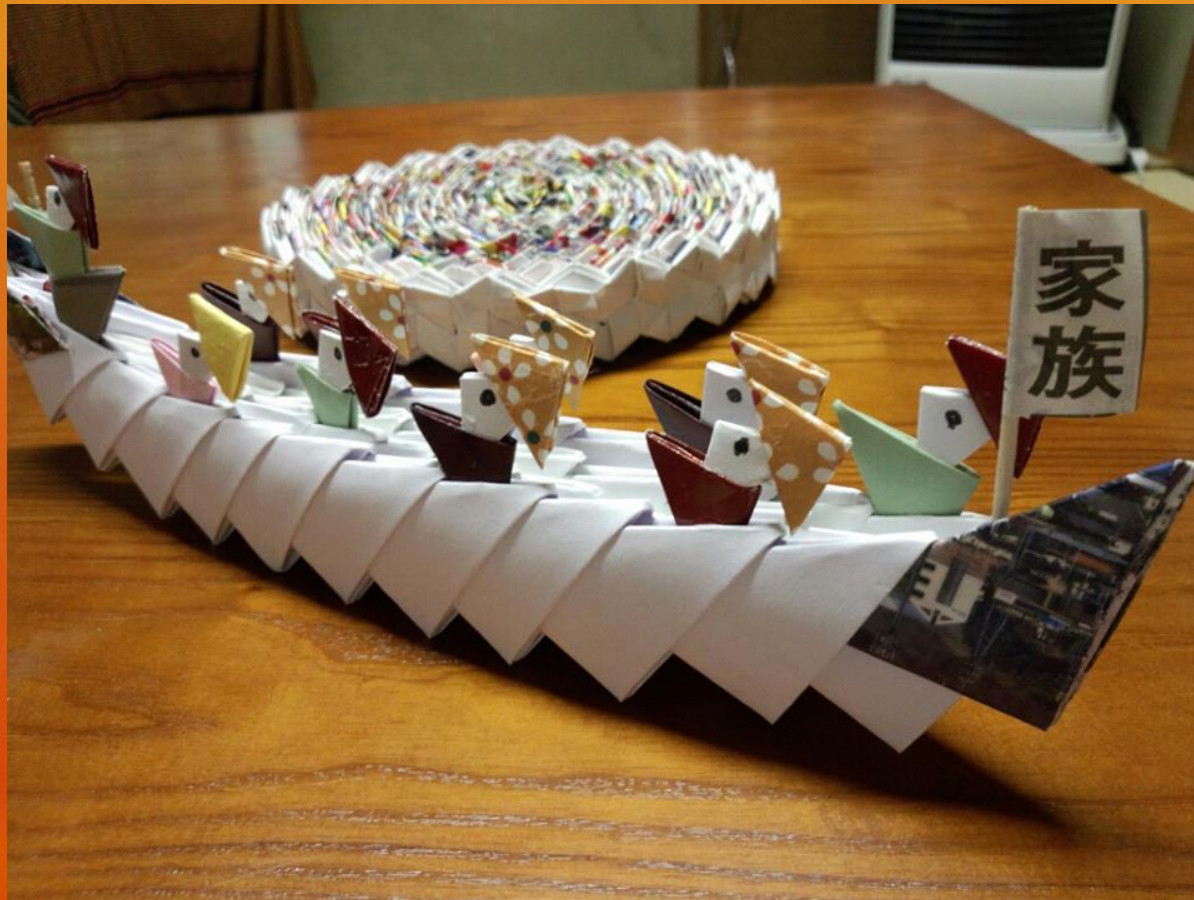
# Suggestion

Even though lots of organizations and individuals have made good efforts, some latent patients are left untreated.

Continuous support is strongly needed.

Fatigue and burn-out of supporters should be addressed.

**This paper craft was made by an 80-year-old lady who lived in temporary housing in Minamisoma (photo by Makoto Kiyoyama, Fukushima Center for Disaster Mental Health).**



**Thank you for listening!**

Arinobu Hori

e-mail: [arinobu.h@gmail.com](mailto:arinobu.h@gmail.com)