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### [Fukushima Symposium 2014]

#### WHAT ABOUT THE MENTAL HEALTH OF ADULTS?

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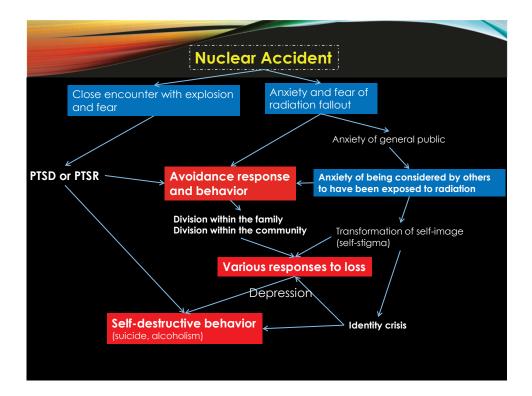
**Abstract**: Mental health problems such as post-traumatic stress disorder (PTSD) and depression have surfaced and are affecting many residents in Fukushima prefecture as a result of the Great East Japan Earthquake and tsunami and the subsequent nuclear disaster. It has also been reported that such mental health problems appeared and persisted after large-scale nuclear accidents in the past, such as the Chernobyl and Three Mile Island accidents, widely affecting the disaster victims.

Key words: nuclear power plant accident, PTSD, depression, lifestyle-related disease

In order to provide support and care to residents who have suffered from the disaster, a survey on the degree of mental health and lifestyle habits has been carried out every year by the Radiation Medical Science Prefectural Health Management Center since the beginning of 2012, the year following the disaster. The participants in this survey were approximately 210,000 people living in 13 municipalities that were assigned as the evacuation areas following the disaster. The participants were largely divided into two groups, adult residents and those under 15 years old. In this study, we reported on the surveys of the two previous years in the general adult population as well as their results. Two kinds of self-administered questionnaires, the Kessler-6 items (K6) and the PTSD Checklist (PCL), were used to screen mental disorders such as depression and PTSD. In addition, a new questionnaire was created and used to determine the residents' lifestyle habits, which were presumed to have been greatly affected by evacuation. Further, based on these survey results, support and care were carried out via telephone and mailed documents. Our support team consisted of about a dozen specialists from various fields such as clinical psychologists, social workers, nurses, and public health nurses.

The summary of the results is as follows. The response rate in the first year (2012) was relatively high at 63.4% for children and 40.7% for adults. Unfortunately, the response rate in 2013 decreased by approximately 10% each to 41.0% in children and 29.7% in adults. The K6 results showed that the prevalence rate of high-risk residents exceeding the cut-off point was 14.6%. This finding is fairly high, even compared to the 3.0% rate of high-risk residents among the general population in Japan indicated by a previous study (Kawakami et al., 2004). Although the prevalence rate decreased to 11.7% in the following year, it remained a high rate that cannot be overlooked. A large number of residents with a tendency towards depression has been a particular concern. Similarly, as for PCL results, 21.6% of residents exceeded the cut-off point and were considered to be at risk for PTSD in the first year, which was considered to be a high rate. Although the rate was slightly decreased to 17.4% in the following year, it suggests that the residents' traumatic response remains strong.

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Our intervention was carried out by telephone and documents for these 17,512 (first year) highrisk residents. In terms of adults, a support intervention was carried out for 15,118 residents. In addition, results summary, necessary provision of information, and introduction of mental health care resources were conducted, albeit in a limited time. It

is necessary to deepen cooperation with related organizations in order to perform more seamless care and support in the future. In particular, close collaboration with municipalities or with the Fukushima Center for Disaster Mental Health will be the key to the success of our support in the future.