

"We will promote the mental and physical health of residents of the Evacuation Areas, etc."

Due to harsh experiences of the Great East Japan Earthquake and the accident at TEPCO's Fukushima Daiichi NPS and subsequent life as evacuees, many people are experiencing anxiety and stress. Accordingly, Fukushima Prefecture commenced the Mental Health and Lifestyle Survey with the aim of accurately understanding the mental and physical problems of residents and meticulously providing each of them with proper health, medical and welfare services.

[Eligible subjects]

- Residents who were registered at any of the covered areas from March 11, 2011, to April 1, 2012 (also after moving out of the covered areas)
- Residents registered at any of the Evacuation Areas, etc. as of April 1 of the fiscal year during which the survey is conducted

[Covered areas]

Hirono Town, Naraha Town, Tomioka Town, Kawauchi Village, Okuma Town, Futaba Town, Namie Town, Katsurao Village and Iitate Village, Minamisoma City, Tamura City, Kawamata Town, and parts of Date City (areas containing Specific Spots Recommended for Evacuation)

[Method]

Inquiry sheets: Self-reporting questionnaires or those to be filled in by guardians

[Major survey items]

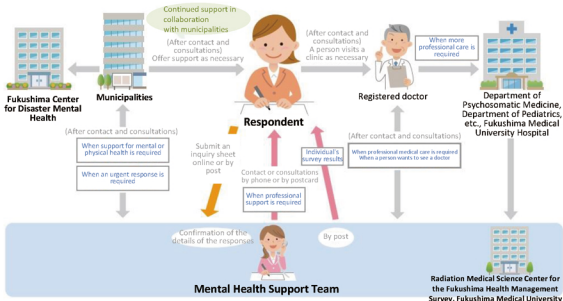
- Present physical and mental status
- Lifestyle (diet, sleep, smoking, and exercise habits)
- Present living conditions (adults)

[Measures for support]

Collected responses are evaluated and analyzed by the staff which include physicians of Fukushima Medical University. If respondents are considered to require counseling and support regarding their mental health and lifestyle, support by phone is provided by the "Mental Health Support Team," which consists of staff including clinical psychotherapists, public health nurses, and clinical nurses. When professional medical care is considered to be required through the support by phone, registered physicians of medical institutions in Fukushima Prefecture (*see p.150 of Vol. 2, "Mental Health and Lifestyle Survey: Outline (2/2)") are introduced.

When continued support is necessary, required support will be discussed and offered in collaboration with the municipality where the person had originally resided before evacuation.

- Procedures from submission of an inquiry sheet to receipt of support - Relevant organizations and doctors are collaboratively offering care.



- * For people who are considered to require continued support, care is provided in collaboration with regional registered doctors and municipalities, etc.
- * Survey results are sent individually from FY2014.
- * Registered doctors: Psychiatrists and pediatricians, etc., who have received lectures concerning disaster mental health and radiation medical science: As of July 1, 2020, there are 125 registered doctors in 81 medical institutions.

Number of people who received support by phone

	Children	Adults
FY2011	1,180	6,310
FY2012	623	5,991
FY2013	473	3,913
FY2014	327	3,053
FY2015	250	2,567
FY2016	181	2,382
FY2017	210	2,410
FY2018	167	2,404

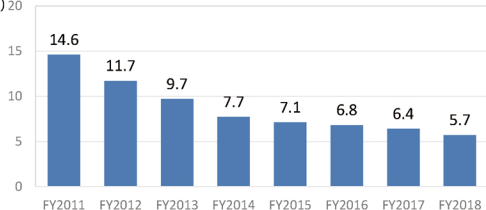
Number of people who received support in writing

	Children	Adults
FY2011	1,066	10,898
FY2012	800	10,168
FY2013	752	7,664
FY2014	517	6,244
FY2015	435	6,075
FY2016	336	6,098
FY2017	375	5,545
FY2018	297	4,994

[Mental health of adults (aged 16 or older)]

● Percentage of people who are considered to require support for their depressions and anxieties

(%) 20

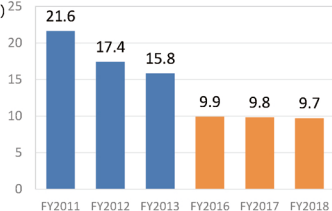


Measurement scale: **K6***

* Respondents reply to each question of a six-item questionnaire concerning their depression and anxieties with a score from zero to four points. When the total is 13 points or over, a mood disorder or anxiety disorder is suspected.

● Percentage of people who are considered to require support for their traumatic stresses due to the disaster

(%) 25



Measurement scale: **PCL*** (FY2011 to FY2013)

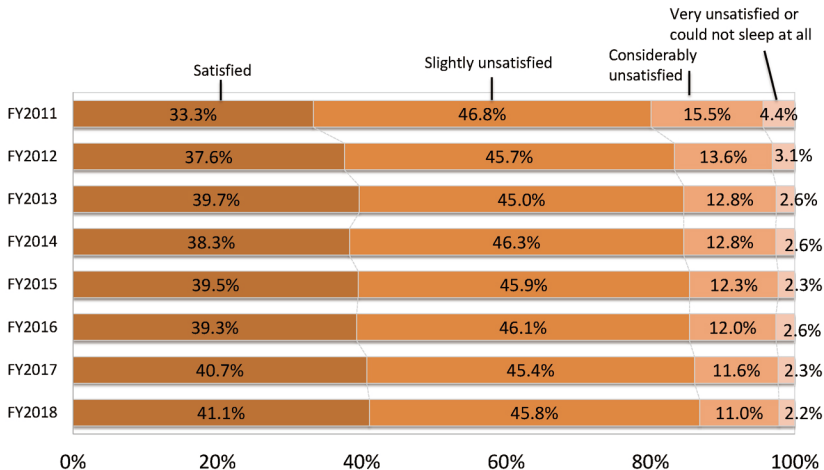
PCL-4** (FY2016 to FY2018)

* Respondents reply to each question of a 17-item questionnaire concerning their frequently arising problems and need arising from their disaster experience (traumatic stress) with a score from one to five. When the total is 44 points or over, PTSD is suspected.

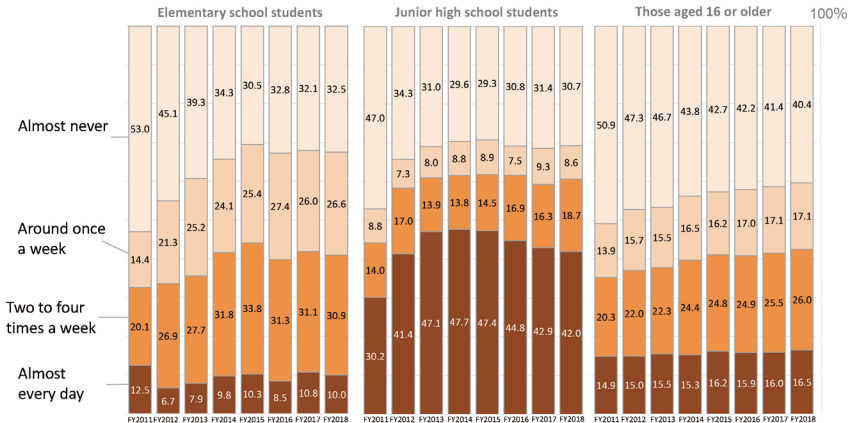
** Respondents reply to each question of a 4-item questionnaire with a score from one to five points. When the total is 12 points or over, PTSD is suspected.

In order to ease psychological burdens associated with replying to the questionnaire, the FY2014 and FY2015 surveys did not include PCL-related questions.

[Levels of satisfaction on sleep during the latest one-month period] Those aged 16 or older



[Percentages concerning daily exercises]

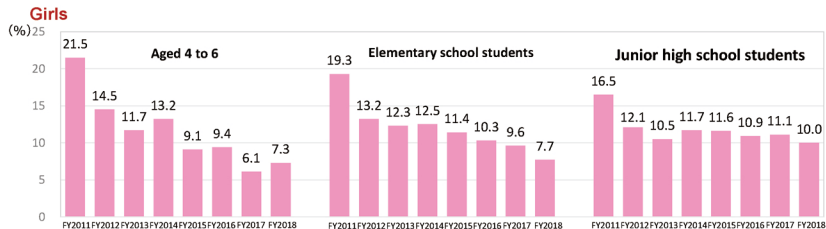
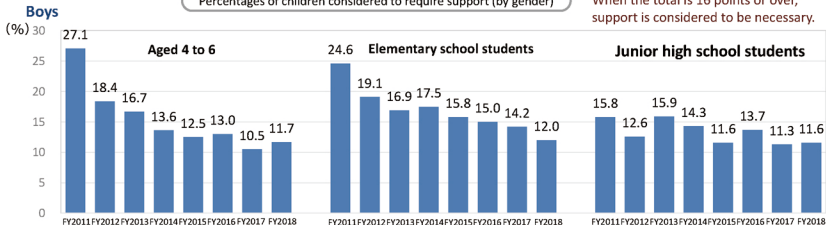


[Children's mental health conditions]

Percentages of children considered to require support (by gender)

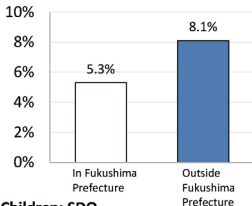
Measurement scale: SDQ*

When the total is 16 points or over, support is considered to be necessary.

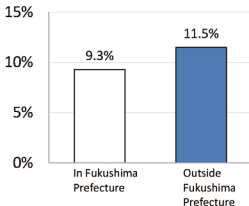


[Mental health by place of residence at the time of the survey (in and outside Fukushima Prefecture): Percentages of people considered to require support]

Adults (aged 16 or older): K6



Adults (aged 16 or older): PCL-4



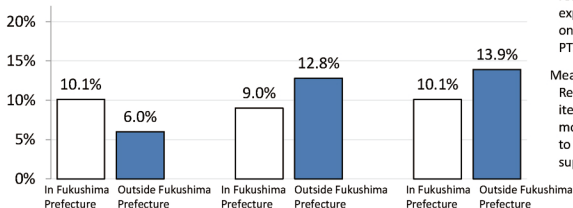
Measurement scale: K6

Respondents reply to each question of a 6-item questionnaire concerning their depression and anxieties with a score from zero to four. When the total is 13 points or over, a mood disorder or anxiety disorder is suspected.

Measurement scale: PCL-4

Respondents reply to each question of a 4-item questionnaire concerning their occasionally arising mental and physical reactions originated from their disaster experience (traumatic stress) with a score from one to five. When the total is 12 points or over, PTSD is suspected.

Children: SDQ



Measurement scale: SDQ

Respondents reply to each question of a 25-item questionnaire concerning children's moods and behavior with a score from zero to two. When the total is 16 points or over, support is considered to be necessary.

Aged 4 to 6 Elementary school students Junior high school students