Psychological Care in **Key MHPSS Elements at Each Phase after Emergencies Nuclear Emergencies** 1) A risk and vulnerability analysis and needs assessment 2) Formulation of general mental health policy while involving diverse sectors and people Preparation and planning 3) Mapping of existing resources phase 4) Mental health and psychosocial support (MHPSS) integration into general health care 5) Monitoring and evaluation of MHPSS implementation 1) Understanding of psychological impacts due to emergency protective actions 2) Explanation of proper methods of emergency protective actions and communication **Emergency** 3) Decision-making concerning the implementation of protective measures response 4) Identification of people at risk, interventions and advocacy phase 5) Re-establishment of normal cultural and religious events, resumption of schooling, and reestablishment of healthy events 1) Engagement of related parties in diverse fields for the recovery of communities 2) Development of support services within a long-term perspective 3) Appropriate responses to stigma Recovery phase 4) Community-based interventions 5) Planning and implementation of care for groups at risk (children, people with disabilities, etc.) 6) Efforts to deal with a lack of financial resources and human capacity

Source: Prepared based on "A Framework for Mental Health and Psychosocial Support in Radiological and Nuclear Emergencies" (2020), WHO [The Japanese version is posted on the website for lectures of the Department of Disaster Psychiatry, Fukushima Medical University (https://www.d-kokoro.com/).]

"A Framework for Mental Health and Psychosocial Support in Radiological and Nuclear Emergencies" published by the WHO in 2020 compiles key MHPSS elements at the planning, response, and recovery phases after emergencies respectively by separating chapters.

Throughout all chapters, it is emphasized that MHPSS should never jeopardize the implementation of protective actions to reduce people's exposure to radiation at any phase, and for that purpose, radiation protection and MHPSS should be well-balanced with the involvement of individual communities.

At the preparation and planning phase, the assessment of actual radiation hazards and risks as well as mapping (positioning and description) of resources should be conducted to set priorities in MHPSS methods for individual protective actions, and plans for MHPSS integrating into general health care should be formulated. At the response phase, training should be provided to responders so that they can understand psychological impacts due to protective measures and can provide explanations focused on health regarding reasons why protective actions are necessary and offer support for decision-making. At the recovery phase, it is important to develop support services from a long-term perspective, while focusing on medium- and long-term development of community, and on evidence-based mental health services and psychosocial interventions, and conduct care for groups at risk and countermeasures against stigma on an ongoing basis.

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