

**Multiple health risks during the COVID-19 crisis**

**What should we have learned from  
the experience of the Fukushima  
disaster of 2011?**

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The 2011 Fukushima Daiichi Nuclear Power Station accident had **long-term, multidimensional effects** on vast numbers of residents of Fukushima Prefecture and intense psychosocial responses such as **stigmatization** among affected individuals and frontline workers.



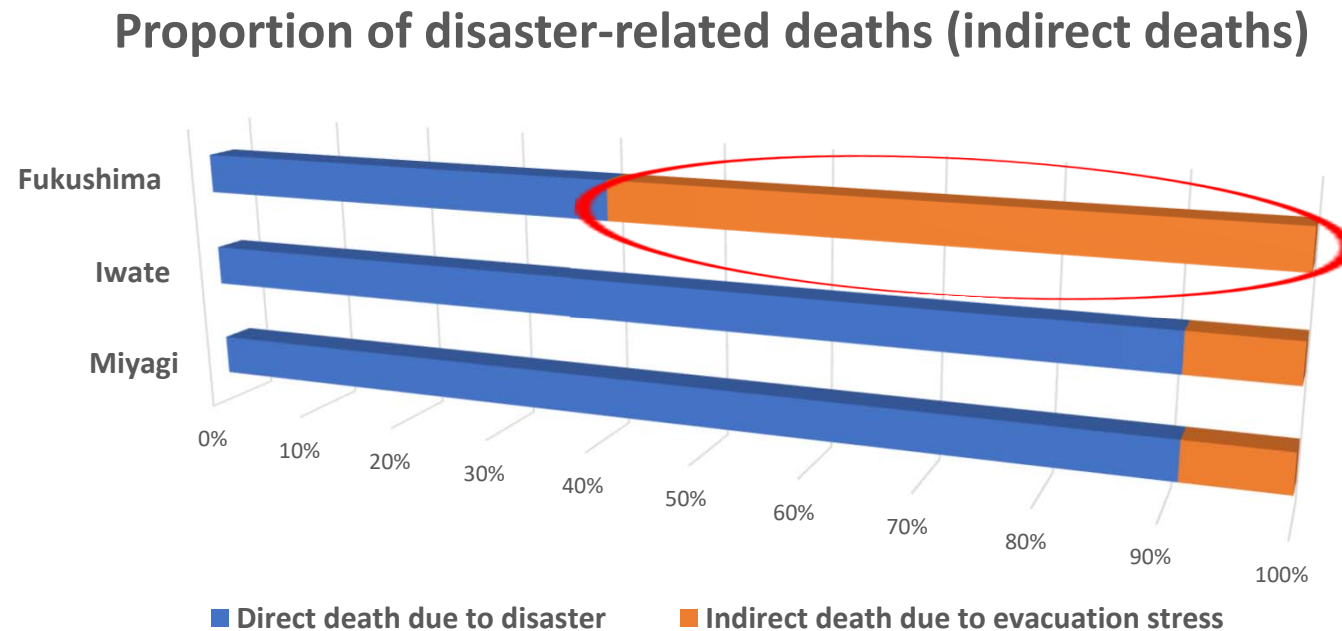


As these aspects of the Fukushima disaster are very similar to those of the current **COVID-19 pandemic**, numerous findings and lessons can be drawn to help establish a public mental health strategy.



In the initial but not brief phase of the Fukushima disaster, while most people and experts focused on only **the direct effects of radiation exposure**, e.g., thyroid cancer, other health risks were ignored or seldom considered.

However, as time passed, a variety of **non-radiological health problems** gradually emerged.



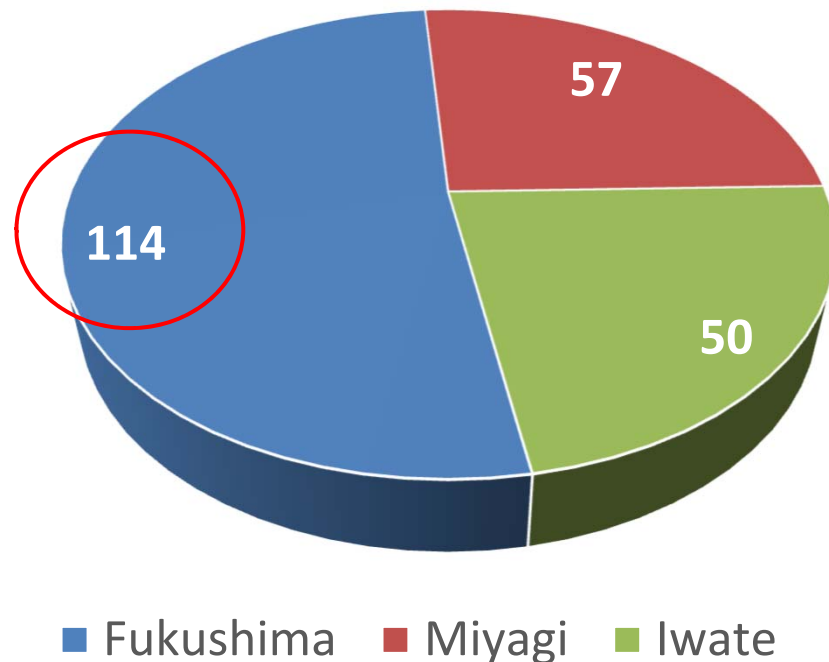
(Reconstruction Agency,2019)



## Total number of disaster-related suicide in 3 prefectures

Many studies reported high prevalence rates of people at risk of mental health issues such as depression and post-traumatic stress disorder among evacuees and relief workers. In particular, **an increase in suicide rates** among Fukushima residents was a serious problem.

Among the disaster-related deaths, the total number of **disaster-related suicides** in Fukushima reached 114, a number much higher than those in other affected prefectures.



(MHLW, 2019)

These delayed mental health issues emerging after the Fukushima disaster suggest that instead of focusing on only radiation effects, more consideration should have been given to **non-radiological effects**.

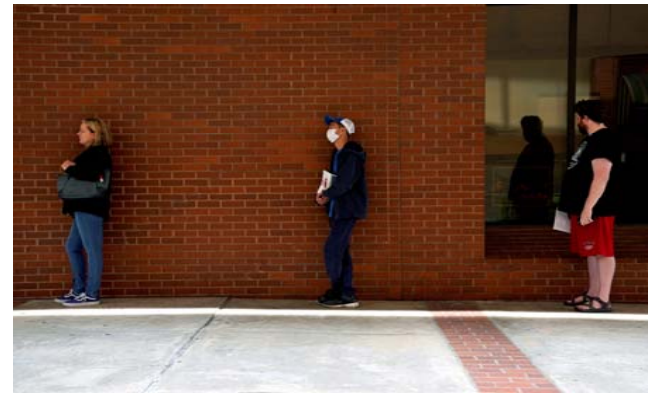
Unfortunately, amid **the chorus of concern about radiation effects and discordant expert opinions**, establishing a mental health care system in the early phases of the disaster was quite difficult. As a result, mental health professionals working in Fukushima have continued to face **a shortage of care resources**.



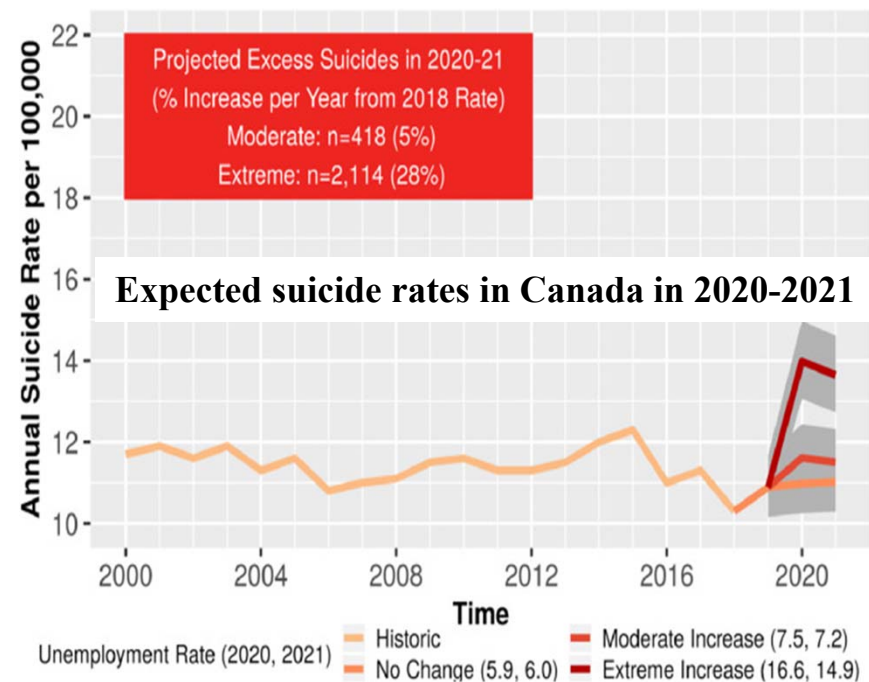
Similar to the Fukushima disaster, the COVID-19 pandemic is causing **mass fear** of invisible agents and **psychosocial reactions such as the stigmatization** of affected people and frontline workers.

Considering the additional **economic impact**, the multidimensional mental health effects described above may lead to even more self-destructive behaviors such as suicide.

**An increase in suicides** was reported during the SARS crisis in Hong Kong (Yip, 2010), and this is also a great concern in the current COVID-19 crisis.



Brookings Institution



(McIntyre, et al, Psychiatry Res 2020)

# Recommended mental health strategy

## Bio-psycho-social approach

1. As a population approach, **an active campaign involving the mass media** should be carried out to disseminate mental health policies. This campaign should also enhance **public awareness of stigmas** toward people with COVID-19, recovered patients and their family members, and frontline workers.
2. **Mental health experts** should be allowed to participate and integrate their ideas in the decision-making process for public health policies.
3. The mental health care system should focus on **vulnerable groups**, such as the aged, women and children exposed to domestic violence or abuse, and individuals with existing physical and mental disorders. Especially, **the unemployed**, the number of whom may be increasing rapidly in the near future, require special attention and intensive psychological care.
4. **More appropriate risk communication** should be provided to the public, as that previously provided by many experts and politicians seems to take a more “alarmist approach” that emphasizes the risk of infection. To reduce the range of health risks, including mental health issues, multidimensional risk communication is urgently required.



## Remote Counseling Team of FMU



**Remote communication tools** using telephones or the Internet to provide mental health care and interventions should be disseminated widely.

**A support team** consisting of different mental health professionals from Fukushima Medical University that has been providing telephonic interventions for 3000–5000 evacuees every year since the disaster in Fukushima has been found to be extremely useful.

# Briefing note on addressing mental health and psychosocial aspects of COVID-19 Outbreak

## by IASC (Inter-Agency Standing Committee)



### 新型コロナウイルス流行時における メンタルヘルスと心のケア

(Mental Health and Psychosocial Support: [MHPSS](#))



このスライドは、IASCの許可を得て、以下の福島県立医科大学グループが制作した「新型コロナウイルス感染症(COVID-19)流行時のこころのケア(日本語版)」の一部です。  
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できる限り親や家族が子どものそばにいるようにする

- 子どもにとって安全であれば、**子どもたちが親や家族のそばに**いることができるようにし、子どもたちと養育者ができる限り、**離ればなれにならない**ようにして下さい。



Photo by Alexander Durnmar on Unsplash



Japanese version

Fukushima Medical University, School of  
Medicine

A photograph of four young adults standing on a grassy hill, hugging each other from behind. They are facing away from the camera, looking out over a vast, hazy landscape under a warm, golden sunset sky. The sun is low on the horizon, creating a strong lens flare and casting long shadows. The overall mood is peaceful and nostalgic.

*THANK YOU FOR YOUR ATTENTION*

Photo by Annie Spratt on Unsplash