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**MENTAL HEALTH OF CHILDREN**

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We describe the findings on the current state and challenges of pediatric psychiatry in Fukushima prefecture following the Great East Japan Earthquake. When examining the time elapsed after the earthquake, there is an impression that psychiatric problems become apparent in the early period after the earthquake in mothers who had demonstrated vulnerability in development and nurturing before the earthquake. However, at the current time more than three years since the earthquake, we are under the impression that psychiatric and behavioral symptoms are observed even in infants who had been on a good course for development and nurturing and had a high degree of satisfaction before the earthquake. A continuous long-term study is necessary in the future to further investigate this issue.

The participants in the survey of mental health and lifestyle habits, part of a Fukushima prefectural health survey, were all evacuated residents (a total of 210,189 participants), including 29,585 children under 15 years old. The children were divided into preschool children (11,717), elementary school students (11,791), and junior high school students (6,077). A questionnaire was then sent to each of them. The Strengths and Difficulties Questionnaire (SDQ) was included, and children with SDQ scores above 16 points were considered support-re-

quiring children. The proportion of support-requiring children was 21.2% in 2011 and 15.3% in 2012. It has been reported that support-requiring children in the Japanese population who did not experience a disaster (2,899 participants ; 4-12 years old) made up 9.5% (Matsuishi, 2008). The result of the present study showed that the proportion of support-requiring children was higher compared to the general population that was not affected.

The symptoms of children were found to be diverse, including not only flashbacks typical of an earthquake but also mother-child separation anxiety (gripping mother's hand tightly), physical symptoms (alopecia areata, pain), abnormal habits (nail-biting), difficulty in falling asleep (fear of earthquake when falling asleep), and difficulty in controlling emotion. Depression, anxiety, and psychosomatic symptoms were also observed in caregivers.

As a challenge in the future, there is no doubt that depression and anxiety of caregivers can affect the mental status of children. Therefore, support for caregivers is essential. In addition, it is particularly necessary to pay attention to the fact that the conflict may not be actualized and, thus, can easily be overlooked during the adolescence period.