

Symposium

📅 2025年9月27日(土) 15:50 ~ 17:20 🏢 Session Room 3 (Large Hall A)

[Symposium 74] Psychiatry in times of disaster

Moderator: Glen Milstein (The City College of New York), Meryam Schouler-Ocak (Charité University)

[SY-74]

Psychiatry in times of disaster

Mian Yoon Chong³, Hiroaki Tomita⁴, Maiko Fukasawa⁵, Meryam Schouler-Ocak², Tsuyoshi Akiyama¹ (1.Rokubancho Mental Clinic(Japan), 2.Charité University(Germany), 3.HMI Medical, Singapore & Regency Specialist Hospital(Singapore), 4.Tohoku University(Japan), 5.Fukushima Medical University(Japan))

[SY-74-01]

Disaster Psychiatry: Managing crisis as a leader

*Mian Yoon Chong (Regency Specialist Hospital, Malaysia(Malaysia))

[SY-74-02]

Worry about radiation and mental health after the Fukushima nuclear disaster

*Maiko Fukasawa (Fukushima Medical University(Japan))

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キーワード：Disaster、Mental Health、Crisis

Millions are affected yearly by natural or man-made disasters, such as earthquakes, typhoons, hurricanes, floods, pandemics, the Ukraine-Russia war, or the Middle East conflicts. Many come unexpectedly and abruptly, creating a crisis that threatens human lives and normal living and affects not only individuals or communities but also regional stability. Such events are described as 'destructive,' 'catastrophic,' or 'deadly.' In the acute phase of disaster, the psychiatrist primarily facilitates natural recovery rather than treating pathology. In the acute aftermath of a disaster, the psychiatrist must be alert to organic mental disorders secondary to head injury, toxic exposure, illness, and dehydration. About half to two-thirds of these victims suffer from mental distress and stress-related disorders. The most frequent diagnosis made is posttraumatic stress disorder (PTSD), often along with mood and substance use disorder. In addition, most individuals report psychological symptoms that do not amount to disorders.

The overarching goal of disaster psychiatry is to facilitate normal recovery processes and prevent or diminish psychiatric morbidity. Thus, psychiatrists need many vital skills to assist communities. Involvement in disaster planning is an excellent way to help their communities. Moreover, psychiatric interventions targeted at the various longitudinal phases of disaster response must be a part of disaster management.

In this symposium, the first speaker will discuss "Disaster Psychiatry: Managing Crisis as a Leader." The second speaker will focus on "Longitudinal alterations in the psychosocial conditions of a community affected by the catastrophe and the need to provide long-term support in response to changing situations after". The third speaker will present "The worry about radiation and mental health after the Fukushima nuclear power plant accident occurred in March 2011". The last presentation will be on "Role of media during a disaster – how should the reporting look like?". All presentations will be discussed with the plenum.

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[SY-74-01] Disaster Psychiatry: Managing crisis as a leader

*Mian Yoon Chong (Regency Specialist Hospital, Malaysia(Malaysia))

キーワード：Disaster Psychiatry、Crisis intervention、Trauma & disaster、PTSD

Each year, millions are affected by natural or man-made disasters some of which include earthquakes, typhoons, hurricanes, floods and similar large-scale calamities such as the recent covid-19 pandemic, Ukraine-Russia war or the Middle East conflicts. Many come unexpectedly and abruptly with little or no warning, creating a crisis that leads to an unstable and dangerous situation that threaten human lives and normal living and affecting not only individuals or communities but also to regional stability. Terms like 'destructive', 'catastrophic' or 'deadly' are frequently used to describe such event that is usually unpredictable and causing lots of disruption and uncertainty. Studies have shown that about half to two thirds of these victims suffered from mental distress and stress-related disorders. The most frequent diagnosis made is posttraumatic stress disorder (PTSD), often along with mood and substance use disorder. In addition, most individuals report psychological symptoms that do not amount to disorders. Every crisis is different from one another but their characteristics are similar, and requires immediate intervention to reduce damages and to restore the affected individuals or community to pre-crisis functioning. It is a real test and also an opportunity for a leader to turning the challenges into opportunity while making wise and rapid decisions, and taking courageous action to confront the crisis that requires management than solutions. It demands certain quality of a leader with a personality of flexibility, patience and endurance that can withhold or sustain the pressure, and to be decisive and determine at this critical moment. Crisis work however is not suitable for everyone, and a Crisis Management Team is necessary with solid training in certain knowledge, skills and attitude. Other than emergency and rescue, psychiatric team plays a vital role specifically during and aftermath the disaster with the recovery of traumatized victims. With findings from studies of psychological impact and management of disaster in major earthquakes, typhoons, industrial explosions, and epidemics in Taiwan, this report aims to review and analyze some common key elements as a leader in the management of a crisis.

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[SY-74-02] Worry about radiation and mental health after the Fukushima nuclear disaster

*Maiko Fukasawa (Fukushima Medical University(Japan))

キーワード : nuclear disaster、 posttraumatic stress symptoms、 worry about radiation

The Fukushima nuclear power plant accident following the Great East Japan Earthquake in March 2011 increased worry about the adverse health effects of radiation and affected the mental health of community residents. Based on the results of a longitudinal survey of non-evacuee community residents in Fukushima conducted five to 10 years after the accident, its long-term effects on mental health were explored. Although worry about radiation has gradually decreased, some people still have worry more than 10 years after the accident. Concerning mental health, posttraumatic stress symptoms were persistent. In terms of worry about radiation, those who experienced traumatic events in the Great East Japan Earthquake had stronger worry than those who did not. As for posttraumatic stress symptoms, after adjusting for the experiences of traumatic events, distrust in the government was correlated. In addition, while those with larger social networks tended to recover, those with small social networks had retained their symptoms. Worry about radiation predicted later posttraumatic stress symptoms, however, while worry about radiation had decreased with time during the study period, posttraumatic stress symptoms had not. Such symptoms after the nuclear disaster may be strongly affected by the social factors including the personal relationships with people around one and trust in the government. Disruptions in a community stemmed from the differences in the risk perception of radiation among those around one or sense of inequality in compensation, and strong distrust in the government were characteristic factors after the nuclear disaster, which may have persistent adverse effects on the mental health of those affected. Furthermore, besides their personal experiences, societal attitude to the nuclear disaster might also affect their mental health.