

Multi-sectoral Mental Health and Psychosocial Support

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Introducing the Japanese Experiences

I lived and worked in Bhutan from March, 2019, to August, 2022, for the JICA Bhutan Office. I observed the economic, social, and infrastructure development of Bhutan during that period and experienced, together with the Bhutanese people, the COVID-19 measures that were implemented from March, 2020. In this context, I would like to discuss two issues related to “multi-sectoral mental health and psychosocial support”, both in the aftermath of disasters and in the workplaces in times of normal settings, as I believe that Japan’s experience in mental health care improvement can be of use to Bhutan.

Post Disaster Mental Health Care

Japan experienced many disasters such as earthquakes and subsequently developed a Post Disaster Mental Health and Psychosocial Support System (which is called “Kokoro no care” system in Japan), a multi-sectoral mental health support attached to Japan’s health systems. There has been mutual learning among disaster affected areas in Japan to develop the system. Japan International Cooperation Agency (JICA) has been implementing international cooperation in post disaster mental health and psychosocial support, utilising the Japanese experience, to support developing countries. Although COVID-19 was not an earthquake-like natural disaster, it was disastrous for Bhutanese society. In this context, as I will discuss, it would be useful for Bhutan to have a multi-sectoral approach to mental health care to prepare for possible future disasters, by referring to the Japanese experience.

Two Great Earthquakes in Japan and Mental Health Issues

The Great Hanshin Awaji Earthquake that struck western Japan in January, 1995, killed more than 6,400 people and injured more than 40,000. Many buildings collapsed and psychiatric hospitals and clinics were damaged.

As a result, psychiatric aid stations were established and mental health professionals from other areas came to provide support. Local coordinators played an important role in this process. In the aftermath of a disaster, mental health issues such as grief reactions, post-traumatic stress disorder, or PTSD, and even worsening of symptoms of past mental disorders can occur in the affected people. Therefore, both medical and social support is needed.

The recovery from the earthquake took a very long time, during which many of the survivors continued to live in post-disaster temporary housings for extended periods of time, with mental issues. During that time, outreach support for mental health to temporary dwellers was also important. Lessons learned on mental health care for people and evidence gathered by researchers improved disaster counter measure policies of Japan.

In 2011, the Great East Japan Earthquake which hit eastern Japan's Tohoku region killed more than 15,900 people. The "Kokoro no Care Team" (later called the Disaster Psychiatric Assistance Team, DPAT) was dispatched from the Hanshin region to Tohoku. The Team advised and strengthened mental health care systems, advocacy, education in mental health care, trends that are ongoing.

Japanese Experience on Post Disaster Mental Health Care

Japan's experiences in mental health, after two great earthquakes, are as follows:

1. Not only reconstruction of health systems for mental health but also developing the systems by filling the gaps between local administration and private sector after the disaster.
2. Multi-sectoral mental health support systems development by connecting health systems to the education sector and community, etc.
3. Long-term mental health care is required for victims of disasters and, for this purpose, mental health care should be integrated into existing health systems for the convenience of the patients.
4. The DPAT (Disaster Psychiatric Assistance Team) system are developed for emergency mental support delivery to help each other beyond regions.
5. Institution building including legislation, using statistics records collected on mental health issue, etc.
6. Advocacy to protect human rights is important.

Such knowledge is useful for other countries in developing post disaster mental health and psychosocial support systems.

International Cooperation on Post Disaster Mental Health Care

The “Hyogo Institute for Traumatic Stress (HITS)” was established in 2004 after the post disaster long term recovery supporting efforts in mental health for the victims of the Great Hanshin Earthquake (Hyogo was one of the hardest hit prefectures in Hanshin or Kansai region of western Japan). The JICA Kansai Centre located in Hyogo, and HITS as partner agency, have been implementing several technical cooperation projects including trainings in Japan on post disaster mental health systems development, for China, Chile, etc. The Japanese experience is utilised by JICA to develop human resources, institution building such as policy development, and to promote mutual learning by facilitating exchanges among many countries in Knowledge Co-Creation Programmes while also respecting the recipient countries’ initiatives.

In China, the Sichuan earthquake occurred in May, 2008, killing more than 100,000 people. JICA implemented a five-year technical cooperation of the Project for Capacity Development on Mental Health Services for Reconstruction Support of Sichuan Earthquake, started in June, 2009, in collaboration with HITS. The project trained mental health care providers and raised awareness among local governments and residents. As results of the project in China, mental health care tools were developed, human resources trained and registered, networks of multi-sectoral organisations established, experience at the model sites shared with other areas, the central level governance and academia. Achievements of the project were continuously developed by Chinese counterparts and verified by the ex-post evaluation report.

The mental health issue is included in the Health Goal of SDGs. Utilising lessons learned from the implementation of multi-sectoral mental health systems strengthening cooperation so far, how JICA continues and expands the outcomes of its international cooperation on post disaster mental health and psychosocial support is a challenge.

Emphasis on Mental Health Care for COVID-19 in Bhutan

One major feature of the COVID-19 response in Bhutan was a strong emphasis on mental health. The emphasis on mental health was already positioned as one of the three important pillars of the COVID-19 response plan as of February, 2020, (the other two pillars are efforts to secure health human resources, and protect the elderly), before the first COVID-19 patient was found in Punakha.

Because the behavioral restrictions, including lockdowns over two years of COVID-19 response could be very stressful for people, the role of the Bhutanese religious community (monastic bodies) in maintaining the mental health of the people under the COVID-19 pandemic was also significant.

In Bhutan, the number of psychosomatic medicine specialists was few (there were only two such specialists working in hospitals after the COVID-19 outbreak). The Ministry of Health brought back a psychosomatic medicine specialist who had retired to lead the formation of a specialised team for mental health response for COVID-19. The mental health response team set up a telephone hotline to provide telephone consultations, prepared pamphlets for the public, and conducted a mental health awareness campaign, including the TV awareness spot programmes. The JICA Bhutan office collaborated twice since 2020 with the Ministry of Health and the national BBS television in creating spot programmes on mental health.

Multi-sectoral COVID-19 Collaboration in Bhutan

In Bhutan, led by central government leaders, teams of experts in infectious disease control and epidemiology (such as the Technical Advisory Group (TAG) for COVID-19 and the National Immunisation Technical Advisory Team, (NITAG) expert teams collected data from WHO and other organisations, and discussed measures to prevent the spread of infection and to implement vaccination plans.

In addition, COVID-19 task force groups (Ministry of Health, police, military, Ministry of Agriculture and Forestry, local administrations, etc.) across ministries and sectors were established in each region of the country (eastern, southern, and central including the capital regions). The

establishment of these task force groups were COVID-19 measures to be established by the Department of Disaster Management in case of disasters and other emergencies.

Many of Bhutan's health experts commented that “multi-sectoral collaboration and national unity were the distinctive features of Bhutan's COVID-19 measures” and that “national unity was brought about by His Majesty the Druk Gyalpo taking the initiative in issuing messages to the people and visiting areas where people were in need, such as during lockdowns due to high outbreaks of COVID-19 infections”. His Majesty's visits to the areas where people were suffering from the outbreak were known to have a great impact on the Bhutanese people's unity during the COVID-19 pandemic.

Applicability for Bhutan on Post Disaster Mental Health Care

Bhutan implemented a COVID-19 preparedness plan that emphasised mental health as part of three pillars. In addition, COVID-19 counter-measures were implemented as multi-sectoral collaboration by the government, organisations, and people.

Japan's experience with disasters has shown that multi-sectoral collaboration is important for mental health support systems during emergencies, involving the health sector, local government, education, mass media, social work, and the community. Bhutan has displayed the unity of the people in a crisis during the COVID-19 pandemic and, if Bhutan is prepared to respond to a disaster on mental health care through multi-sectoral collaboration way, she will be able to respond quickly in the event of any disaster.

Occupational Mental Health in Normal Settings

The next topic is occupational mental health during economic development in normal settings. According to Japan's Ministry of Health, Labour and Welfare, the stress suffered by workers in Japan has been expanding in recent decades, with more than 60% of workers feeling strong anxiety and stress over their work. In addition, the number of claims and certifications of workers' compensation for mental disorders has been on the increase. Under these circumstances, the impact of mental health problems on

workers, their families, workplaces, and society has been increasing, and it has become an extremely important issue for workplaces and companies to actively maintain and promote the mental health of their workers.

Mental Health Measures for Workers in Japan

In 1985, the Japanese government began to study the importance of addressing mental health issues, based on the idea that psychological stress in the workplaces causes mental disorders, in light of the fact that the economy was booming at the time and the stress caused by overwork and its impact on mental health was becoming a major problem for workers. Since 1988, the Japanese Ministry of Health, Labour and Welfare has been promoting mental health as well as physical health of workers under the Total Health Promotion Plan in which trained occupational physicians provide employees with exercise guidance, health guidance, mental health care, nutritional guidance, etc. Japan's Occupational Health and Safety Law requires that a health committee be established in workplaces where 50 or more employees work, and employers are required to make efforts to promote mental health at health committee meetings by listening to workers' opinions and obtaining advice from occupational physicians and other health specialists to improve mental health in the workplace.

In 2000, the "Guidelines for Workers' Mental Health Promotion at Workplaces" was created and, in 2006, the new "Guidelines for the Maintenance and Promotion of Workers' Mental Health" were formulated based on the Occupational Health and Safety Law, which have been revised since then. In addition, in 2015, a system was introduced to conduct stress checks of employees in the workplaces and, from 2018, it is mandatory to conduct stress checks in the workplaces.

Bhutan's Efforts to Improve Worker Safety and Health

Here I will introduce the importance of international cooperation on people's safety in the context of Japan's cooperation in Bhutan. Specifically, it is international cooperation on improving the safety, health, and sanitary environment for workers in the construction and infrastructure sectors.

It is widely known to the people of Bhutan that JICA has been implementing construction of important bridges on major national highways in Bhutan

for many years as Japanese government grant aid projects. In total 26 bridges were completed in Bhutan by 2021. In bridge construction, Japanese construction companies and consultants are managing the construction with consideration for the safety of workers at the construction site.

Improving the safety, health and sanitation of people working at construction industries is an important area of international cooperation where Japan can introduce many experiences it has overcome in the process of economic development.

Since 2017, the JICA Bhutan Office has been working with various Bhutanese infrastructure development stakeholders, including the Ministry of Works and Human Settlement, Ministry of Labour and Human Resources and the Construction Association of Bhutan, etc., in their efforts to improve safety and occupational health and environment improvement for construction workers. This includes spreading the “Safety First” culture that Japan has developed. Three Construction Safety Seminars have been held since 2017 to spread awareness of the importance of safety of the workers in the construction industry of Bhutan. Participants included government ministers and officials, colleges lecturers, and private construction companies, activated public-private partnerships on workers’ safety in Bhutan.

As a result, on January 31, 2020, the Bhutanese government held its first Construction Safety Forum where the Ministry of Labour and Human Resources and the Construction Association of Bhutan, representing the construction industry, signed the agreed minutes of understanding to promote occupational safety, health, and hygiene in the construction industry. In addition, the Government of Bhutan amended the government procurement regulations to add safety management-related costs as a required expense to construction procurement standards. This was important progress made by the Bhutanese government to improve the safety and occupational health of construction workers.

Thus JICA is working with multi-sectoral stakeholders in Bhutan to improve safety and occupational environmental health in the construction sector.

Applicability for Bhutan on Occupational Mental Health Care

Japan's experience has shown that as the industry has developed, it has improved safety and health for employees in the workplaces, and as mental health has become more important, legislation and government guidance has been developed to strengthen support measures for employees' mental health. Strengthening mental health in the workplaces is one of the initiatives in multi - sectoral mental health support to the people.

In Bhutan, it will be even more necessary in the future to strengthen consideration for mental health at places where people work, taking the existing efforts to strengthen safety and health a step further.