

Manual for Mental Health Services at the Workplace in Major Disasters

This booklet is designed as a reference for the mental health care of workers who have been subjected to disasters, incidents, and other catastrophic events in the workplace.



This booklet provides general guidelines on how to deal with workers and their families involved in a disaster or incident, and how companies should respond. It targets occupational physicians, public health nurses, and other professionals, employers, health administrators, labor relations personnel, and their colleagues.

If you need more professional help, please contact the Occupational Health Promotion Center for further assistance.



Japan Organization of Occupational Health and Safety

Table of Contents

1. What is traumatic stress?	3												
<table border="0" style="width: 100%;"> <tr> <td>(1) What is stress?</td> <td>3</td> </tr> <tr> <td>(2) What is traumatic stress (traumatic event(s))?</td> <td>3</td> </tr> </table>		(1) What is stress?	3	(2) What is traumatic stress (traumatic event(s))?	3								
(1) What is stress?	3												
(2) What is traumatic stress (traumatic event(s))?	3												
2. Physical and mental reactions to traumatic stress	4												
3. Traumatic stress and mental illness	5												
4. Preparing for recovery (for disaster-affected people)	6												
5. Consult with a specialist in the following cases (for disaster-affected people)	7												
6. To care for disaster-affected people (to the people around you)	8												
7. Responding to traumatic stress reactions as a workplace:	9												
<table border="0" style="width: 100%;"> <tr> <td>(1) The role of employers</td> <td>9</td> </tr> <tr> <td>(2) The role of supervisory managers</td> <td>9</td> </tr> <tr> <td>(3) The role of industrial health staff</td> <td>10</td> </tr> <tr> <td>(4) The role of HR personnel</td> <td>10</td> </tr> </table>		(1) The role of employers	9	(2) The role of supervisory managers	9	(3) The role of industrial health staff	10	(4) The role of HR personnel	10				
(1) The role of employers	9												
(2) The role of supervisory managers	9												
(3) The role of industrial health staff	10												
(4) The role of HR personnel	10												
8. Crisis Intervention for Mental Health Care: Creating a System (Part 1)	11												
<table border="0" style="width: 100%;"> <tr> <td>(1) For low-risk individuals</td> <td>11</td> </tr> <tr> <td>(2) For medium-risk individuals</td> <td>11</td> </tr> <tr> <td>(3) For high risk individuals</td> <td>11</td> </tr> </table>		(1) For low-risk individuals	11	(2) For medium-risk individuals	11	(3) For high risk individuals	11						
(1) For low-risk individuals	11												
(2) For medium-risk individuals	11												
(3) For high risk individuals	11												
9. Crisis Intervention for Mental Health Care: Creating a System (Part 2)	12												
<table border="0" style="width: 100%;"> <tr> <td>(1) Establish a hotline (telephone counseling service)</td> <td>12</td> </tr> <tr> <td>(2) Reaching out to disaster-affected people</td> <td>12</td> </tr> <tr> <td>(3) Reaching out to families</td> <td>12</td> </tr> <tr> <td>(4) Reaching out to employees in general</td> <td>13</td> </tr> <tr> <td>(5) Education for supervisory managers and HR personnel</td> <td>13</td> </tr> <tr> <td>(6) Cooperation with medical and consulting institutions outside the workplace</td> <td>14</td> </tr> </table>		(1) Establish a hotline (telephone counseling service)	12	(2) Reaching out to disaster-affected people	12	(3) Reaching out to families	12	(4) Reaching out to employees in general	13	(5) Education for supervisory managers and HR personnel	13	(6) Cooperation with medical and consulting institutions outside the workplace	14
(1) Establish a hotline (telephone counseling service)	12												
(2) Reaching out to disaster-affected people	12												
(3) Reaching out to families	12												
(4) Reaching out to employees in general	13												
(5) Education for supervisory managers and HR personnel	13												
(6) Cooperation with medical and consulting institutions outside the workplace	14												

What is traumatic stress?

01

(1) What is stress?

The term "stress" has become common in our daily lives in such expressions as "stressful", "stressed-out" or "stressful situation." However, this term was originally an engineering term. When an external load (external force) works on an object, the object subject to the external pressure becomes distorted. This distorted state is called "stress." Stress sources, called stressors, range from physical-chemical stressors, such as cold and noise, to psychosocial stressors, such as work and workplace relationships. Thus, a stress response is a biological response caused by a stressor. It generally manifests itself in psychological reactions and problematic behaviors that cause physical symptoms and unpleasant feelings in the body and mind.

(2) What is traumatic stress (traumatic event(s))?

Stress of an exceptionally threatening or catastrophic nature that causes pervasive distress in almost anyone is called trauma (psychic trauma).

Therefore, trauma refers to severe psychological injuries caused by an intense, horrific experience that cannot be experienced in everyday life. And "traumatic stress" means an event that causes psychological shock and psychic trauma. Traumatic events refer to events that a person does not experience on a daily basis. They are remarkably tragic and evoke intense reactions such as fear and helplessness.

Most of these traumatic events may relate to endangering yourself or someone else close to you.

Events that cause traumatic stress may include combat, terrorism, rape, other sexual assaults, physical aggression and violence, looting, kidnapping,

confinement, torture, significant earthquakes, tsunamis, and torrential rainstorms, major volcanic explosions, casualties, traffic and industrial accidents.

If you have experienced any of these things directly in person, or if you have witnessed an assault, death or injury to a relative or another person, various physical and mental health problems can occur.

The criteria for an experience (event) that causes psychic trauma are defined as follows.

1 ICD-10 (World Health Organization; WHO):

A stressful event of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone

2 DCR-10 (WHO): A stressful event of exceptionally threatening or catastrophic nature.

3 DSM-5 Diagnostic Criteria for PTSD American Psychiatric Association (APA): Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

- (1) Directly experiencing the traumatic event(s).
- (2) Witnessing, in person, the event(s) as it occurred to others.
- (3) Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
- (4) Experiencing repeated or extreme exposure to aversive details of the traumatic event(s).

Physical and mental reactions to traumatic stress

02

After experiencing a horrific disaster or incident, it is common and quite normal to experience emotional swings. These emotional swings may appear immediately after a traumatic disaster or incident, or hours, days, or even a month later.

Originally, stress arises in the sense of a warning of a dangerous situation. In an attempt to cope with danger, the organism reflexively activates the sympathetic nervous system to increase blood pressure and pulse and tense the muscles into a posture to relieve the invasion of the external load of the stressor. If the tension does not disappear and persists, stress can cause mental and physical illness.

Also, repetitive episodes of re-experiencing the event in recollections or dreams (flashbacks) may occur after the traumatic event.

Physical and mental reactions caused by traumatic stress include the following symptoms.

★ Some of these symptoms may require medical attention. If in doubt, you should visit your doctor.

(1) Changes in feelings and thoughts

When an unbelievable event happens, you may be stunned and unable to accept what is going on, what to think, or the reality you have faced, or you may become sad, depressed (depression), emotionally numb and confused. And you get angry and irritated at what caused the disaster or incident. You may lose control of the surge of emotions about the disaster or incident, suddenly find yourself in tears, blame yourself, or have an unrealistic feeling that you might be the cause of the disaster or incident. There are recurring periods when you cannot think about disasters and incidents, and times when you experience strong feelings about them.

(2) Physical changes

The symptoms may include the inability to sleep due to anxiety or fear, headaches, abdominal pain, thirst, chills, nausea, eczema, cramps, vomiting, dizziness, chest pain, high blood pressure, heart palpitations, muscle tremors, clenching of teeth, loss of vision, sweating and breathlessness.

(3) Cognitive and sensory changes

You may lose a sense of direction or have difficulty staying alert and concentrating. There is also excessive nervousness, hyperarousal, poor decision making, defensiveness, nightmares, and frequent thoughts of disasters and incidents.

(4) Changes in behavior

The patients may also experience sleep disturbances due to changes in sleep rhythms, loss of appetite, and conversely, overeating, dependence on drugs or alcohol, inability to behave smoothly, withdrawal or seclusion, and social isolation. Anger outbursts and extreme behavior may cause other problems.

Traumatic stress and mental illness

03

Sensitivities to stressors vary strongly depending on personal characteristics, such as personality and behavioral patterns, as well as the physical and mental state of the individual at the time. It is also largely related to social and environmental circumstances, such as being isolated and having no one to talk to after the incident.

Immediately after you experience a traumatic event, you may be so surprised that you feel like your mind has gone blank. For instance, it might feel like it's not real, like "there's no way an airliner could come crashing in and cause a skyscraper to collapse, that's ridiculous..." or it might feel like it's a nightmare or a movie you're watching when you remember.

(1) Acute stress reaction, ICD-10 (Acute stress disorder, DSM-5)

When you receive too great a shock, in the immediate aftermath, you try to accept the event and deny or reject the reality (avoidance symptoms). You may also have trouble remembering events that have happened (dissociative amnesia). Especially when you don't know your loved ones' whereabouts or maybe they have passed away, you can't stand still, feel a pounding heart, and break out in a cold sweat. You may want to run away or feel distracted by worries about your family. Some people seem calm and unsurprised. Others may be strangely unnaturally excited. These reactions can appear immediately after an extreme and sudden mental or physical stress but disappear within three days to a month.

(2) Post-traumatic stress disorder (PTSD)

Over one month after a disaster or incident, you may remain nervous and are in a state of hyperarousal (hypervigilance and susceptibility to the slightest thing). The scenes of a disaster or incident's vicious devastation might be recalled and re-experienced against your will because they are burned into your mind. This condition is referred to as PTSD.

PTSD is a reaction to an intense and horrific experience and does not appear in weak emotional stress cases. Within three months, about half of the symptoms will fully recover, but some may persist longer. Some may become chronic and affect daily life and work. In the period after about three months after the disaster, you may feel more anxious and lonely due to the changes in your community, which can lead to increased anxiety, confinement, and even suicide.

<Checklist>

Suppose you continue to experience any of the following symptoms after an intensely traumatic event for more than a month. In that case, you may have post-traumatic stress disorder (PTSD) and should seek professional help.

- I feel as if the horrible event is happening again.**
- I have recurring nightmares related to the horrible event.**
- I avoid places or situations that remind me of the event.**
- I can't remember the event.**
- I can't trust myself or others (I feel that it's my fault, I can't trust anyone).**
- I get scared at the slightest noise or other stimuli.**
- I am overly cautious.**
- I get irritated or angry quickly for no particular reason.**
- I have trouble sleeping.**

(3) Dissociative disorders

Suppose you have suffered an intense psychological shock due to a tragic incident. In that case, you may not be able to accept the reality immediately in your mind and push the unpleasant emotions and unbearable suffering down into your consciousness without realizing it. Such repressed mental conflicts can cause physical and psychological symptoms. For example, the shock may be so great that you may not be able to speak or stand up, although you are physically okay, or you may begin to talk in baby language or have a loss of consciousness. You may also experience an inability to recall traumatic or highly stressful events (dissociative amnesia), a sense of detachment or a loss of reality.

(4) Depression

Physical and mental fatigue, followed by a change in the environment, can trigger the onset of depression. This is especially true if you are responsible, organized, and inflexible.

Symptoms of depression often accompany sleep disturbances, causing you to wake up in the middle of the night and not be able to sleep, wake up early, or have trouble falling asleep. You become depressed, lose interest, motivation, and appetite, don't enjoy anything at all, become pessimistic, blame yourself, and feel like you have no choice in life.

* Bereavement reaction

If you are unfortunate enough to have lost a loved one or friend, you may feel depressed and downhearted. It can be hard to get over your grief because you can't seem to get out of despair, stop blaming yourself or direct your anger anywhere. Some of us may even think about taking our own lives.

It can take months or more to recover from deep grief, while the process of grieving itself takes time as well. These feelings can last for several months because they are a natural reaction to the experience of loss, and they will always recover over time.

Bereavement reactions to disasters and other events appear in a more intense form than normal bereavement reactions.

Bereavement reactions are not included in the ICD-10 or DSM-5. However, in the aftermath of disaster bereavement, there is often a mixture of intense bereavement and trauma reactions. In supporting the bereaved, both issues need to be understood and cared for.

- ★ If you have these symptoms, you should not try to solve them by yourself, but you should see specialists such as a psychiatrist, psychosomatic physician, certified psychologist or counselor as soon as possible.
- ★ If your company has a health care center, make use of it, and consult with industrial health staff.

Preparing for recovery (for disaster-affected people)

04

- (1) Understand that it is a natural reaction to experience physical and mental changes and upset after experiencing a horrific disaster or incident. It is not that you are abnormal, but that the disaster or incident itself is abnormal. In trying to cope with these unusual events, various physical and mental changes appear as normal reactions. Also, intense physical and mental reactions may occur some time after the disaster or incident is over.
- (2) Do your best to avoid feelings of abandonment and a sense of desperation. Otherwise, it will make the situation worse.
- (3) Try not to be alone for a while, but spend time with family, friends, or other people you feel comfortable with.
- (4) Try to eat, sleep, and rest regularly.
- (5) Don't worry or suffer alone. Talk to people around you or professionals.
- (6) Remember that recovery from the stress response is not necessarily a linear process, but rather a process of back and forth.
- (7) Avoid excessive drinking.

Consult with a specialist in the following cases (for disaster-affected people)

05

If you are experiencing any of the following, don't hesitate to consult with a specialist as soon as possible. It is important not to worry alone.

Even if you can't talk to someone close to you about your feelings, a professional will listen carefully to you. You may need appropriate treatment and care by a psychiatrist, psychosomatic physician, certified psychologist or counselor.

- (1) More than a month after the disaster, I feel unsettled or unmotivated to do anything. I am unable to concentrate on my work or study.
- (2) More than a month after the disaster, I still experience fear and anxiety as I recall the scenes of the accident over and over again.
- (3) I have lost interest in my surroundings. I am emotionless, I don't feel anything. The feeling of emptiness persists.
- (4) Physical tension, weakness, or fatigue cannot be relieved indefinitely.
- (5) Frequently moaned in my sleep or having nightmares. I have sleepless nights.
- (6) I feel like I am in a movie or dream, and I have no sense of reality.
- (7) I get irritated or angry over minor things and end up taking it out on the people around me.
- (8) My relationships with others are so strained that I can't help myself.
- (9) I feel very depressed and want to die.
- (10) I feel that I'm weak and cause trouble for the people around me.
- (11) I have been drinking and smoking excessively .
- (12) I want my feelings heard, but I don't have anyone who will listen to me.

Here are some tips for children. Children can be more sensitive than adults, but cannot quickly put things into words. So please pay more attention to their body language and actions than words. You do not have to force your child to talk to you. Just give him/her a hug and lots of opportunities for skin-to-skin contact. Firstly, you should cuddle with them and give them a sense of security.

- (1) The child is reluctant to go to school or kindergarten or to leave home.
- (2) The child can't sleep at night. Frightened and jumps out of bed in the night. Wets in bed.
- (3) Tries to get a parent's attention or latches on. Acts more like a baby.
- (4) Becomes unable to do what he or she used to do and takes advantage of their parents.
- (5) Begins to pick up a habit that was already lost.
- (6) Complains of various physical symptoms.
- (7) Refuses to be alone and is afraid of the dark.

Pay attention to changes in the elder's condition.

- (1) Seems to be fine, but becomes less responsive (appears to be mentally fuzzy).
- (2) Becomes irritable and angry.
- (3) Cannot sleep, etc.

To care for disaster-affected people (to the people around you)

06

- (1) The priority is to get them to take rest. Don't be in a hurry, but make sure they get proper rest. Sleep is especially important. It is better to get more sleep than usual.
- (2) Try to give them a sense of safety and security.
- (3) It is essential to create an atmosphere that allows disaster-affected people to feel safe and secure in voicing their feelings and emotions.
- (4) Find out how each disaster-affected person feels by adapting to their individual needs and pace. Listen to them and accept their feelings as they are. Do not rush, but take time to let them put their feelings into words slowly and gradually at their own pace. Do not bombard them with questions.
- (5) It is essential that they feel a sense of trust and solidarity that they can share their feelings, not solutions, and connected to each other as people. Also, let them know that it's okay to cry, laugh, or get angry without repressing the emotions that naturally come up.
- (6) A range of symptoms and conditions they've never experienced before are natural reactions to traumatic stress. Let them know that it's not that they are weak or strange, and talk to them so that they don't blame themselves too much unnecessarily.
- (7) It is vital to believe in recovery. Persistence and consistency in care will gradually heal the psychological injuries. And eventually, you will no longer be dominated or overwhelmed by the painful memories and emotions of the disaster. You will be able to process the disaster experience in your mind and get yourself back on track.
- (8) Don't worry alone. Engage with the people you care for, share information and help and support each other, communicate with your peers, and appreciate their efforts.



Responding to traumatic stress reactions as a workplace

07

(1) The role of employers

1 Employers' understanding and intentions

Measures for mental health care in the workplace should be carried out under the "Managing Mental Health at the Workplace" guidelines. Employers need to understand the significance and importance of mental health care and promote top-down mental health care measures. It is useful to make a statement of intent, such as, "As a workplace, we are committed to providing mental health care in response to this incident."

2 Information disclosure and sharing

Employers should disclose information related to the disaster or incident at the workplace and share it with the relevant departments. It will help prevent unnecessary anxiety and the spread of rumors. Also, continue to properly and accurately communicate how the flow of disasters happened to the relevant departments.

3 Development and utilization of human resources

Develop and utilize human resources related to mental health in the workplace. For example, the roles of a line supervisory manager and industrial health staff should be determined. At the same time, a system should be established to facilitate cooperation among departments. Furthermore, specify the counseling service and make known a continual supportive stance as much as possible.

4 Organizing a Crisis Management Team

It is necessary to form a Crisis Management Team for crisis situations, and occupational physicians should play a central role there. In the workplace, the health administrator should also take a core role.

The Crisis Management Team should prepare a manual to ensure a quick and appropriate response when needed. Include a liaison with the industrial health staff.

5 Effective use of external resources

It is useful to contract with and use external agencies. However, clearly distinguish between what can be done by taking advantage of resources inside and outside the workplace, instead of entrusting all the mental health care services to an outside organization. Consider a system in which the resources inside and outside the workplace complement each other.

(2) The role of supervisory managers

1 Consideration for business

As discussed later, even if your subordinates appear to be in good health on the surface, they might be overworking themselves and experiencing sustained stress. Thus, it is best to have them take a break for a certain period. Then, after they have returned to work, increase their workloads gradually while consulting with them in detail.

2 Taking care of subordinates

Be aware of changes in your subordinates' moods, behaviors, and actions. When you notice these changes, please talk to an occupational physician, public health nurse, or other professional before taking any specific action. Also, it is crucial to give casual attention to them so that they do not feel burdened. And it would help if you talked to them from time to time, but never overdo it. Keep in mind that being approached by a variety of people can make some people feel overwhelmed.

(3) The role of industrial health staff

1 Information provision

One of the critical roles of industrial health staff is to provide health information. Supply information through a variety of methods and means, as appropriate. In a crisis situation, a variety of information that is not always accurate can often be mixed up, so it is important that the information comes from the department responsible. Then, after they have returned to work, increase their workloads gradually while consulting with them in detail.

2 A hub for centralized management of health-related personal information

The industrial health staff should serve a core function in managing health-related personal information in a unified manner. This is especially important if there is a diversity of counseling services. At the same time, the staff should function as a resource coordinator. Also, take great care to protect personal information.

3 Liaison functions with external medical and counseling institutions

Fully function as a contact point for liaison with external medical and counseling institutions, as you usually do. This cooperation is interactive. Obtain specific instructions from the physician in charge regarding business considerations, etc. as appropriate.

4 Develop an appropriate medical evaluation of the problem and an action plan

Perform a proper professional medical evaluation of the problem and develop an appropriate plan of action in collaboration and consultation with the workers themselves and, in some cases, physicians in charge and family members.

(4) The role of HR personnel

1 Appropriate human resource management based on the evaluation of industrial health staff

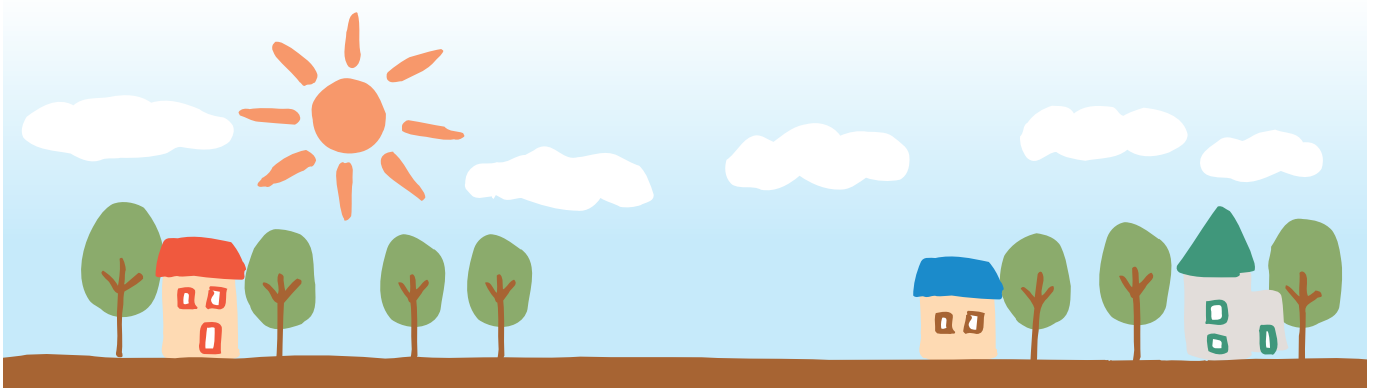
Ensure appropriate human resource management based on the industrial health staff's evaluation and in consultation with the supervisory manager.

2 Workplace and career assurance

Workers are most concerned about what will happen in the workplace and what will happen to them. Be sure to remove as much of the non-stress-related anxiety factors connected to the disaster or incident as possible. It is essential to give verbal assurances about the workplace and the person's career.

3 Establish a counseling service for human resources

In relation to the above 2, another option is to set up a human resources office for counseling. Consultation services are usually available through a supervisory manager, but a direct contact point can be helpful. Also, work with your industrial health staff to check physical and mental health while providing care.



Crisis Intervention for Mental Health Care: Creating a System (Part 1)

08

Crisis intervention refers to resolving an emergency as soon as possible and restoring the environment to its pre-disaster or pre-incident state when it occurs in the workplace. After a tragic disaster or incident, it is necessary to establish a system to restore the state of mind of disaster-affected people and others involved before the disaster or incident. This chapter explains how to create a system of crisis intervention as mental health care.

Mental health care is not effective if it is imposed. You first need to understand the needs of the patient. The following is an example of the risk classification of a psychological shock for each patient. The higher the risk, the more mental health care is needed. Note that the patient's risk varies depending on their level of involvement in the catastrophe.

	High risk	Medium risk	Low risk
Disaster-affected people	○		
Families of disaster victims	○		
Families of people affected by a disaster		○	
Colleagues of people affected by a disaster		○*	
Supervisory manager of people affected by a disaster		○	
Colleagues of people affected by a disaster	○*		
Human Resources and General Affairs		○	
Employees in general			○*

* Described below with examples of responses

As the Crisis Intervention System, form a Crisis Management Team to collect information. Then, decide who is in charge and work with the relevant staff. After sorting the risks as described above, decide how and when to provide care to each group. Examples of responses to each risk are listed below.

(1) For low-risk individuals

Even ordinary workers who were not significantly affected by the disaster may find the news they see and hear on television and other media to be stressful. As a preventative measure, there may be a need for a hotline or bulletin board to provide information and counseling for traumatic stress after a disaster or incident.

It's also a good idea to distribute brochures to workers explaining the psychological effects of the aftermath of a catastrophe.

(2) For medium-risk individuals

The workplace where the victim was working can be devastated. Providing concrete support to the bereaved family and attending the funeral will be the first step in healing the shock of a colleague's sudden loss. The workplace should take the lead in providing support. A supervisory manager should play a leadership role and provide time in departmental or other meetings to discuss their feelings about the disaster or incident and what they would like to do for the family.

(3) For high-risk individuals

Co-workers who have directly identified disaster victims who died as a result of a disaster, etc. are at high risk. These people need assistance to return to their normal operation mode when the disaster or other relief efforts have been completed and just before returning to their everyday work. In this case, it is useful to bring together the people involved as a relief team to "share" each other's feelings as a group.

Crisis Intervention for Mental Health Care: Creating a System (Part 2)

09

In addition to the above, use a combination of the following menu items as needed. Care should be carefully planned so that it is not intrusive.

(1) Establish a hotline (telephone counseling service)

1 Internal hotline

Create a hotline in the workplace for employees to freely discuss their shock and anxiety related to the disaster or incident. When setting up a hotline, it is necessary to determine the hours of use and how it will be handled outside of the service hours and clearly indicate those details to workers. There are limitations to counseling over the phone or email. If the symptoms of a person calling are severe, or if the condition is stable but requires counseling, make an appointment to meet for a consultation.

2 External hotline

Refer to the list at the end of the book to guide your workers.

(2) Reaching out to disaster-affected people

Disaster-affected people are experiencing crises that cannot happen on a daily basis. Before returning to their regular duties, even if they are not injured, it is best to give them one to four weeks off to have some time to relax with their families and get back to a similar state of mind and body as before.

It is recommended that disaster-affected people be referred to a professional counselor, and a system should be in place so that they can receive counseling if needed.

(3) Reaching out to families

Mental health care for the families of disaster-affected people begins with the assistance of the company's staff who accompany them to the disaster site. These staff members must have shared their experiences with the families after the disaster by guiding them around the site and helping them negotiate with hospitals. If one of the staff members can act as a point of contact for the family, the family will be less confused.

Although it depends on the person, the family's shock is tremendous after arriving on the site. The family will then be busy with funeral and insurance procedures and other tasks, which will leave them feeling numb for a while. Support for various operations, funerals, etc. should also be considered. After all of these tasks are completed, and the surroundings are quiet, their shock and grief will return.

If necessary, refer them to a certified psychologist or counselor. They will need support for their future, such as raising children on their own, help with employment, and financial advice.



(4) Reaching out to employees in general

Even ordinary workers who have not been greatly affected by the disaster may find it stressful to be exposed to the news in the newspapers and on television. Also, if they travel frequently, their families may become worried and anxious.

A hotline or bulletin board to provide information about traumatic stress and a consultation services for those concerns and stresses is effective.

It is also a good idea to create and distribute brochures to workers explaining the post-catastrophic event's psychological effects.

(5) Education for supervisory managers and HR personnel

In the aftermath of a disaster, incident, or other catastrophes, there is a heightened sense of shock and anxiety and decreased productivity.

It is more essential to soothe the shock and heal the employee's mind rather than pointing out small mistakes in such cases.

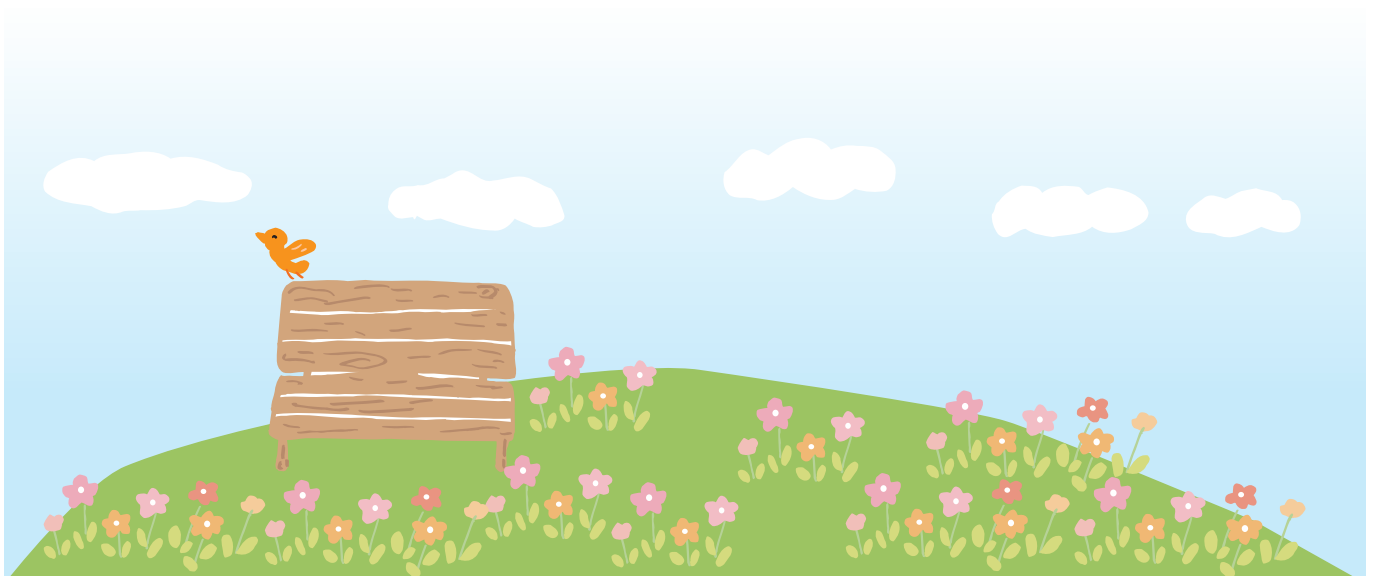
Supervisory managers and HR personnel may send a message to workers to communicate the importance of recovering from shock. Thus, supervisory managers need to show a compassionate attitude to restore employee morale.

Humans have a natural ability to heal themselves.

After a few weeks, those employees naturally return to their pre-disaster or pre-incident state, both physically and mentally, more focused, and able to contribute to the company again and regain productivity.

Some employees may be reluctant to go on a business trip due to a temporary increase in fear of disaster or incident. If this happens, don't force them to do so, but be flexible enough to discuss options that do not involve travel (e.g. conference calls) or postpone the trip.

If they can't get rid of their fears, encourage them to consult a psychiatrist/psychosomatic physician.



(6) Cooperation with medical and consulting institutions outside the workplace

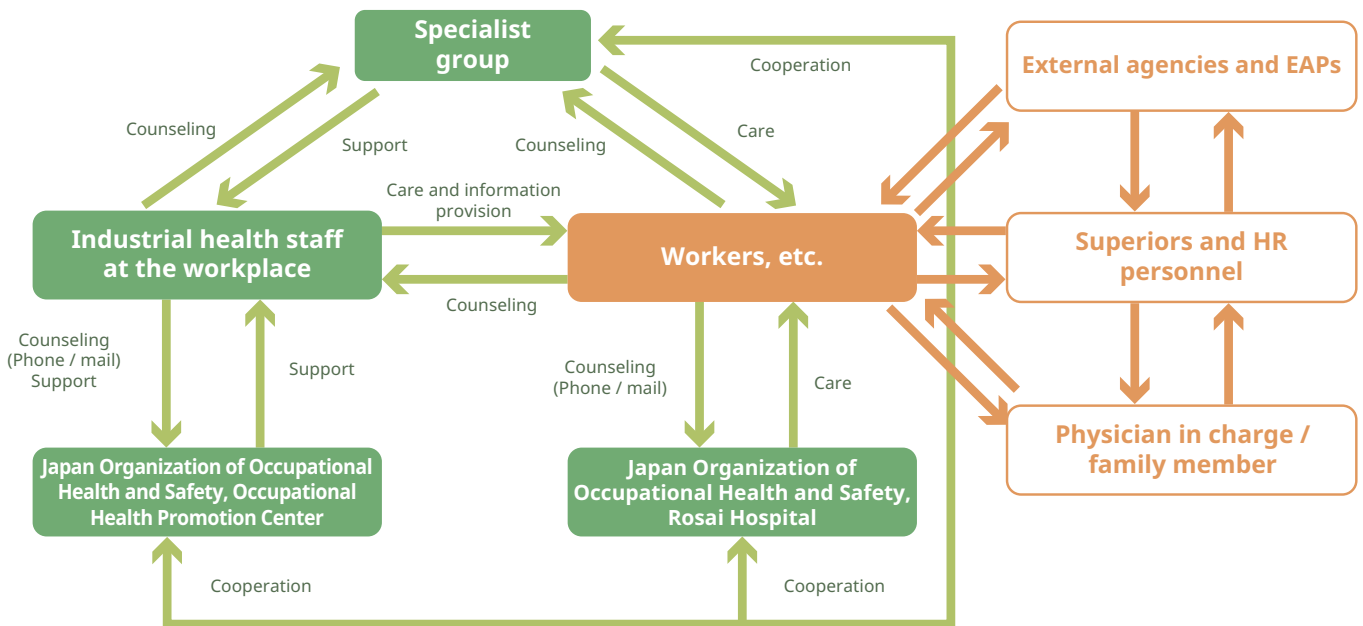
Workers and family members in need of medication, counseling, or other forms of healing should be referred to a medical or counseling institution outside the workplace, such as a workers' compensation hospital (Rosai Hospital), which is listed at the end of the book. It is essential to work with doctors and other professionals for this type of specialized treatment. Therefore, choose from two or three options to provide the right treatment for the individual's needs.

Crisis intervention in a disaster requires complex analysis, evaluation, and planning. Expert advice on Critical Incident Stress Management (CISM) can help with the crisis interventions listed in this chapter. Contact your local Occupational Health Promotion Center.

The diagram below shows an off-site support system for reference.



Conceptual diagram of mental health care and support for workers exposed to disasters, etc.



Finally

Sometimes the people you are helping are also disaster-affected or under stress. Do not feel overconfident that you are OK, and be careful not to overdo it.

For more information on counseling services, please contact your prefecture's Occupational Health Promotion Center or the Mental Health Counseling (Kokoro-no-Kenkou Soudan) main phone number (0570-064-556).

Guide to National Occupational Health Promotion Centers (located in each of the 47 prefectures nationwide)

No.	Facility name	Postal code	Address	Phone number
1	Hokkaido Occupational Health Promotion Center	〒060-0001	Presto 1・7 Bldg. 2F, 7-1 Kita 1 Jo Nishi, Chuo-ku, Sapporo-shi, Hokkaido	011-242-7701
2	Aomori Occupational Health Promotion Center	〒030-0862	Asahi Seimei Aomori Bldg. 8F, 2-20-3 Furukawa, Aomori-shi, Aomori	017-731-3661
3	Iwate Occupational Health Promotion Center	〒020-0045	Marios 14F, 2-9-1 Morioka Ekinishidori, Morioka-shi, Morioka	019-621-5366
4	Miyagi Occupational Health Promotion Center	〒980-6015	SS30 15F, 4-6-1 Chuo, Aoba-ku, Sendai-shi, Miyagi	022-267-4229
5	Akita Occupational Health Promotion Center	〒010-0874	Akita-ken General Health Center 4F, 6-6 Senshukubotomachi, Akita-shi, Akita	018-884-7771
6	Yamagata Occupational Health Promotion Center	〒990-0047	Shokuryo Kaikan 4F, 3-1-4 Hatagomachi, Yamagata-shi, Yamagata	023-624-5188
7	Fukushima Occupational Health Promotion Center	〒960-8031	NBF Unix Bldg. 10F, 6-6 Sakaemachi, Fukushima-shi, Fukushima	024-526-0526
8	Ibaraki Occupational Health Promotion Center	〒310-0021	Mito FF Center Bldg. 8F, 3-4-10 Minamimachi, Mito-shi, Ibaraki	029-300-1221
9	Tochigi Occupational Health Promotion Center	〒320-0811	MSC Bldg. 4F, 1-4-24 Odori, Utsunomiya-shi, Tochigi	028-643-0685
10	Gunma Occupational Health Promotion Center	〒371-0022	Gunma Medical Center Bldg. 2F, 1-7-4 Chiyodamachi, Maebashi-shi, Gunma	027-233-0026
11	Saitama Occupational Health Promotion Center	〒330-0064	Zendentsu Saitama Kaikan Akebono Bldg. 3F, 7-5-19 Kishicho, Urawa-ku, Saitama-shi, Saitama	048-829-2661
12	Chiba Occupational Health Promotion Center	〒260-0013	Nisshin Center 8F, 3-3-8 Chuo, Chuo-ku, Chiba-shi, Chiba	043-202-3639
13	Tokyo Occupational Health Promotion Center	〒102-0075	Nippon Seimei Sanbancho Bldg. 3F, 6-14 Sanbancho, Chiyoda-ku	03-5211-4480
14	Kanagawa Occupational Health Promotion Center	〒221-0835	6th Yasuda Bldg. 3F, 3-29-1 Tsuruyacho, Kanagawa-ku, Yokohama-shi, Kanagawa	045-410-1160
15	Niigata Occupational Health Promotion Center	〒951-8055	Asahi Seimei Niigata Bandaibashi Bldg. 6F, 2077 Ninocho, Ishizuechodori, Chuo-ku, Niigata-shi, Niigata	025-227-4411
16	Toyama Occupational Health Promotion Center	〒930-0856	Intec Bldg. 4F, 5-5 Ushijimashinmachi, Toyama-shi, Toyama	076-444-6866
17	Ishikawa Occupational Health Promotion Center	〒920-0024	Confidence Kanazawa 8F, 1-1-3 Sainen, Kanazawa-shi, Ishikawa	076-265-3888
18	Fukui Occupational Health Promotion Center	〒910-0006	Kato Bldg. 7F, 1-3-1 Chuo, Fukui-shi, Fukui	0776-27-6395
19	Yamanashi Occupational Health Promotion Center	〒400-0047	Yamanashi Medical Center 2F, 5-13-5 Tokugyo, Kofu-shi, Yamanashi	055-220-7020
20	Nagano Occupational Health Promotion Center	〒380-0935	Suzumasa Bldg. 2F, 1-16-11 Nakagoshō, Nagano-shi, Nagano	026-225-8533
21	Gifu Occupational Health Promotion Center	〒500-8844	Daido Seimei Hirose Bldg. 8F, 6-16 Yoshinomachi, Gifu-shi, Gifu	058-263-2311
22	Shizuoka Occupational Health Promotion Center	〒420-0034	Sumitomo Life Shizuoka Tokiwacho Bldg. 9F, 2-13-1 Tokiwacho, Aoi-ku, Shizuoka-shi, Shizuoka	054-205-0111
23	Aichi Occupational Health Promotion Center	〒460-0004	Sakae Daiichi Seimei Bldg. 9F, 2-13 Shinsakaemachi, Naka-ku, Nagoya-shi, Aichi	052-950-5375
24	Mie Occupational Health Promotion Center	〒514-0003	Mie Medical Center 5F, 2-191-4 Sakurabashi, Tsu-shi, Mie	059-213-0711
25	Shiga Occupational Health Promotion Center	〒520-0047	Otsu Shochu Nissei Bldg. 8F, 1-2-22 Hamaotsu, Otsu-shi, Shiga	077-510-0770
26	Kyoto Occupational Health Promotion Center	〒604-8186	Urbanex Oike Bldg. East Bldg. 5F, 361-1 Umeyacho, Oikesagaru, Kurumayamachidori, Nakagyo-ku, Kyoto-shi, Kyoto	075-212-2600
27	Osaka Occupational Health Promotion Center	〒540-0033	L・Osaka South Bldg. 9F, 2-5-3 Kokumachi, Chuo-ku, Osaka-shi, Osaka	06-6944-1191
28	Hyogo Occupational Health Promotion Center	〒651-0087	Geetex Ascent Bldg 8F, 6-1-20 Gokodori, Chuo-ku, Kobe-shi, Hyogo	078-230-0283
29	Nara Occupational Health Promotion Center	〒630-8115	Nara Kotsu Third Bldg. 3F, 1-1-32 Omiyacho, Nara-shi, Nara	0742-25-3100
30	Wakayama Occupational Health Promotion Center	〒640-8137	Wakayama Nisseki Kaikan Bldg. 7F, 2-1-22 Fukiage, Wakayama-shi, Wakayaman	073-421-8990
31	Tottori Occupational Health Promotion Center	〒680-0846	Tottori Ekimae Daiichi Seimei Bldg. 6F, 115-1 Ogimachi, Tottori-shi, Tottori	0857-25-3431
32	Shimane Occupational Health Promotion Center	〒690-0003	Matsue SUN Bldg. 7F, 477-17 Asahimachi, Matsue-shi, Shimane	0852-59-5801
33	Okayama Occupational Health Promotion Center	〒700-0907	Okayama Daiichi Seimei Bldg. 12F, 2-1-3 Shimoishii, Kita-ku, Okayama-shi, Okayama	086-212-1222
34	Hiroshima Occupational Health Promotion Center	〒730-0011	Gojinsha Hiroshima Kamiyacho Annex 5F, 11-13 Motomachi, Naka-ku, Hiroshima-shi, Hiroshima	082-224-1361
35	Yamaguchi Occupational Health Promotion Center	〒753-0051	Yamaguchi Kensetsu Bldg. 4F, 2-9-19 Asahidori, Yamaguchi-shi, Yamaguchi	083-933-0105
36	Tokushima Occupational Health Promotion Center	〒770-0847	Tokushima Medical Center 3F, 3-61 Saiwaicho, Tokushima-shi, Tokushima	088-656-0330
37	Kagawa Occupational Health Promotion Center	〒760-0050	Asahi Seimei Takamatsu Bldg. 3F, 2-1 Kameicho, Takamatsu-shi, Kagawa	087-813-1316
38	Ehime Occupational Health Promotion Center	〒790-0011	Matsuyama Chifune 454 Bldg. 2F, 4-5-4 Chifunemachi, Matsuyama-shi, Ehime	089-915-1911
39	Kochi Occupational Health Promotion Center	〒780-0850	General Relief Center 3F, 1-7-45 Marunouchi, Kochi-shi, Kochi	088-826-6155
40	Fukuoka Occupational Health Promotion Center	〒812-0016	Fukuoka Medical Center Bldg. 1F, 2-9-30 Hakataekiminami, Hataka-ku, Fukuoka-shi, Fukuoka	092-414-5264
41	Saga Occupational Health Promotion Center	〒840-0816	Saga Chuo Daiichi Seimei Bldg. 4F, 6-4 Ekiminamihonmachi, Saga-shi, Saga	0952-41-1888
42	Nagasaki Occupational Health Promotion Center	〒852-8117	Kenryusha Bldg. 3F, 3-5 Hiranomachi, Nagasaki-shi, Nagasaki	095-865-7797
43	Kumamoto Occupational Health Promotion Center	〒860-0806	Sumitomo Life Kumamoto Bldg. 3F, 9-24 Hanabatacho, Chuo-ku, Kumamoto-shi, Kumamoto	096-353-5480
44	Oita Occupational Health Promotion Center	〒870-0046	Ichigo Mirai Shinkin Bldg. 6F, 3-1 Niagemachi, Oita-shi, Oita	097-573-8070
45	Miyazaki Occupational Health Promotion Center	〒880-0024	Yano Sangyo Gion Bldg. 2F, 3-1 Gion, Miyazaki-shi, Miyazaki	0985-62-2511
46	Kagoshima Occupational Health Promotion Center	〒890-0052	Central Bldg. 4F, 25-1 Uenosono-cho, Kagoshima-shi, Kagoshima	099-252-8002
47	Okinawa Occupational Health Promotion Center	〒901-0152	Okinawa Industry Support Center 2F, 1831-1 Oroku, Naha-shi, Okinawa	098-859-6175



Japan Organization of Occupational Health and Safety

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