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**Psychological aftermath of the 311 East Japan Great Earthquake and Tsunami**

In face with a triple disaster of earthquake, tsunami and atomic power plant accident, all of whose degree are historically hardly preceded, immediate mental health countermeasure was taken by the initiative of the national and local government together with academic and clinical organizations. Based on previous experience of natural disasters, more than 50 mental health care teams have been organized and dispatched to the affected areas, scheduled by the Ministry of Health, Labor and Welfare. The initial difficulties were the lack of medication, the collapse of the existing mental health facilities and networked, the transportation of the psychiatric inpatients to safe areas. It was also important to maintain the coherence among mental health professionals, providing guidelines, information web sites, and the academic headquarter in collaboration with the one in the government. When six months have passed, the acute and temporal support system should be replaced with more sustainable local networks with aims at promoting resilience, though community psychiatric service should be developed as well. International guideline should be respected but actually it tended to be neglected. In Fukushima prefecture, where nuclear plant accident occurred, its mental health impact is most worried and long term follow up of the residents' health has been planning. The recent health survey of affected coastal villages revealed fairly good physical health condition among the survivors but it also found the deterioration of mental health associated with distressing intrusion of traumatic memory of the disaster. The follow up surveys are still ongoing and no decisive conclusion should be drawn, especially when it is ethically impossible to carry out observational studies without supportive countermeasures. The Japanese government has launched a comprehensive mental care systems in the affected prefectures and one supervising center, National Information Center of Disaster Mental Health Care, which the author preside. We aim at monitoring and supporting the mental health care in the affected areas and also at preparing for future disasters through intensive training of the mental health care providers and establish in cloud-based effective data monitoring system.

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**References**

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