Department Initiatives

① Kesennuma Regional Center, Community Support Division

Kesennuma Regional Center Activity Report

Kesennuma Regional Center, Community Support Division
Psychiatric Social Worker – Takao Tanno

Introduction

On March 3, 2011, the Great East Japan Earthquake affected a great many people in the Tohoku region of Japan, causing irreplaceable losses. These individuals still experience difficulties in their lives. The Kesennuma Regional Center of the MDMHCC was established on April 1, 2012 for the purpose of undertaking initiatives to support these individuals. Here, we look back on our activities over the past year and report our accomplishments.

1. Activities During the Founding of the Center

(1) Status of the Area in April 2012

The Kesennuma Regional Center began operating one year after the disaster. While the Kesennuma area (which includes the city of Kesennuma and the town of Minamisanriku) was the last place in the prefecture in which evacuation camps remained, at the time, the relocation of individuals affected by the disaster to emergency temporary housing was already largely complete. However, little to no progress had been made on reconstruction work in disaster-affected locations in the area, with not so much as an estimate of when the fragmented rail network would be reopened. While several reconstructed, temporary shopping districts had been reopened, and hustle and bustle seemed to be slowly returning most regions that had been flooded still presented haunting vistas of barren home foundations, speaking softly but powerfully of the extent of the damage.

Table 1: Effects of the Disaster on the Kesennuma Area

Municipality	Population	Casualties				Housing damage		
	FY 2010 census	Direct deaths	Associated deaths	Total deaths	Missing persons	Destroyed	Half-destroyed	Partially destroyed
Kesennuma City	73,489	1,063	79	1,142	308	8,483	2,552	4,555
Minamisanriku Town	17,429	589	20	609	270	3,142	173	1,210
Miyagi Prefecter	2,348,165	9,530	622	10,152	1,616	84,633	147,168	221,903

In the Kesennuma area, 1,751 lives were lost, and even now, 578 individuals are missing. The damage to housing was also extensive, with more than 20,000 homes affected (Table 1).

(2) Makeup of the Kesennuma Regional Center

The Kesennuma Regional Center began operations with a nine-person team: four full-time staff (two psychiatric social workers, one public health nurse, one clinical psychologist) and five part-time staff (three physicians, one psychiatric social worker, one clinical psychologist). Psychiatrists from three medical institutions in the area were appointed as the President, Vice-President, and Advisor, allowing us to receive guidance on psychiatry and mental health welfare. Additionally, a part-time psychiatric social worker and a part-time clinical psychologist were dispatched to the Center two days per week. Day-to-day work was seen to by a staff of five (four full-time and one part-time staff), but in June 2012, one additional full-time psychiatric social worker was added, who was then sent as a dispatch to the Kesennuma City Health Promotion Division. In September 2012, an administrative staff member (part-time) was added, and in October, a clinical psychologist (full-time) also joined us, creating the staff makeup we have today (Table 2).

Table 2: Kesennuma Regional Center Staff Makeup

April 2012			April 2013		
	Full-time	Part-time		Full-time	Part-time
Psychiatrist	0	3	Psychiatrist	0	2
Psychiatric social worker	2	1	Psychiatric social worker	2	0
			Psychiatric social worker (transferred to Kesennuma City)	1	0
Public health nurse	1	0	Public health nurse	1	0
Clinical psychologist	1	1	Clinical psychologist	2	1
			Administrative staff	0	1
Total: 9 staff	4	5	Total: 10 staff	6	4

(3) Working with Mental Health Care Teams

Prior to the establishment of the Kesennuma Regional Center, the mental health care team had been continuously conducting support activities. As their work came to a close, we took up part of their responsibilities.

At the time, the only support groups active in the area were the Okayama Prefecture Psychiatric Care Center team (Okayama), operating in Minamisanriku, and the Lake Suwa hospital team (Nagano), operating in Oshima, Kesennuma. The Okayama team had already shifted from psychiatric work, which they had been engaging in during emergency conditions, to activities led by temporary support staff. We engaged in group work meant to clarify the roles of temporary support staff and lighten their burdens, and we also accompanied them in their activities. Further, we were present in situations in which the town was given advice regarding declines in town staff health and heard opinions on the importance of mental health countermeasures for municipal staff. On the contrary, the Nagano team worked on individual home visitations and salon activities in the Oshima area of Kesennuma. In addition, they set up a "stress counseling" service inside an internal medicine clinic. We assisted in the transfer of these responsibilities to the Kesennuma City Authority and the Kesennuma Public Health Center.

At this point, we had confirmed that we would continue to work alongside public health nurses to provide guidance to support staff in Minamisanriku, and the method we chose was to carry out support while participating in support staff meetings. Further, in Kesennuma, we took up the responsibility of arranging the physicians necessary to ensure the continuation of work with some of the individual cases taken up by the Kesennuma Public Health Center as well as of the stress counseling service provided by psychiatrists and established by the mental health care team.

2. FY 2012 Activities in Review

(1) Involvement in Disaster Survivor Support

As we began to roll up our sleeves and get to work, our first order of business was to determine what exactly required our immediate attention. Prior to the establishment of the Regional Center, the Stem Center had been conducting mental health training workshops for city residents and small-scale lessons and lectures for temporary housing tenants. However, at the time, the Regional Center had yet to plan and provide any specific support programming.

Given that one of the core values of the MDMHCC is the provision of "support for supporters," we of the Kesennuma Regional Center decided to provide the assistance necessitated by requests from institutions and organizations involved in the coordination of resident support activities at the municipal and regional levels. On the contrary, insofar as "individual support" to specific residents was concerned, we determined that in light of insufficient staff and counseling infrastructure (lack of telephone lines, absence of dedicated counseling rooms), proactive efforts in this area would prove difficult for the time being. Thus, we placed the matter of proactively responding to resident requests for direct counseling under consideration and decided to first establish a policy of providing individual support in accordance with requests from affiliated organizations. We cannot deny that this complicated stance may have left people with a rather muddled impression of what exactly the MDMHCC does.

Amidst these circumstances, the first duties we set about fulfilling were "information collection" and "relationship building." Initially, we did not have enough of an understanding of the community to determine exactly what its needs were, and our relationships with various other organizations were not cultivated enough for us to immediately begin receiving requests or contracts.

One might say that our approach in the Kesennuma area was to develop necessary support activities while continuing to collect information and build relationships. The most important parts of this were meetings with affiliated organizations and participation in supporter meetings.

At the time, municipalities and support organizations were already hierarchically involved in disaster survivor support efforts. More than 17,000 people had been moved into emergency temporary housing, and it had become difficult for municipal staff alone to address the needs of all these survivors (Table 3). Supporters from various community organizations that had taken on city/town contracts for survivor support, termed "support staff," were sharing some of the burden of these activities. We determined that it was imperative to build a relationship with these supporters (Tables 4, 5).

Table 3: Emergency Temporary Housing Tenants

Municipality	Emergency temporary housing (prefabricated)			Private chartered housing		Total	
As of 4/30/13	No. of units	No. of tenants	No. of households	No. of tenants	No. of households	No. of tenants	No. of households
Kesennuma City	93	7,704	3,215	3,699	1,263	11,403	4,478
Minamisanriku Town	58	5,770	2,122	165	49	5,935	2,171
Miyagi Prefecter	406	49,062	20,668	53,416	20,032	111,476	40,700

Table 4: Kesennuma Supporters (FY 2012)

Name	No. of ppl	Contracting organizations	Project details
Life counselors Public health nurses Nurses (Support centers)	21	The city contracted four organizations, including the Kesennuma City SWC, to open four Support Centers (three in Kesennuma and one in Ichinoseki).	Support tenants of emergency temporary housing via general counseling, individual visitations, and exchange activities, preventing loneliness and shut-ins, helping them lead a stable life. Have public health nurses/nurses carry out health counseling.
Reconstruction coordinators Lifestyle support counselors (Kesennuma Reconstruction Support Center)	17 40	The city contracted the Kesennuma City SWC.	Carry out visitations, and monitor and provide counseling to elderly, disabled, and young unemployed disaster survivors. Implement social events for residents and coordinate volunteers for them. Community formation support. Monitor all households, including those in temporary housing.
Friendly visitors	34	The city contracted eight home nursing support offices.	Visit elderly persons and others living in emergency temporary housing, speak to them, and help them with simple tasks, thereby preventing loneliness and shut-ins.
Kesennuma Reconstruction Association (KRA) Welfare Club	21	The city contracted the KRA.	Implement elderly social projects in emergency temporary housing. Encourage proactive social participation among elderly persons and prevent loneliness/shut-ins. Watch over temporary housing, organize tea parties, and so on, help with events, and create communities.

Table 5: Minamisanriku Supporters (FY 2012)

Name	No. of ppl	Contracting organizations	Project details
Patrolling supporters	80	The town contracted the Minamisanriku SWC.	Remain posted at each satellite location, work with stay-in supporters, and periodically provide visitation/monitoring support to the tenants of emergency temporary housing in the assigned district.
Stay-in supporters	110 (55 teams)	The town contracted the Minamisanriku SWC.	Check up on emergency temporary housing tenants who are old or in poor health. Work with patrolling supporters to provide counseling and watch over individuals as needed. Individuals who would likely require watching over were employed. Support was provided in two-person teams.
Visitation supporters	10	The town contracted the Minamisanriku SWC.	Travel outside of Minamisanriku and visit tenants of private chartered housing (designated temporary housing); provide counseling and ascertain their status.

We attended the support team conferences of the prefectural Kesennuma Health and Welfare Office and had them share information about the status of the area as needed. We also periodically met with Kesennuma (Health Promotion Division) and Minamisanriku (Health and Welfare Division) officials. Further, we participated in supporter meetings held in each area.

In Kesennuma, we participated in supporter meetings held in each of its 10 districts (Niitsuki, Kesennuma, Karakuwa, Omose, Matsuiwa, Hashikami, Motoyoshi, Shishiori, Oshima, and Ichinoseki) and exchanged information therein. These meetings were also attended by city public health nurses, Support Center lifestyle support counselors, reconstruction coordinators, lifestyle support counselors, friendly visitors, and KRA Welfare Club staff. Nonprofit organizations (NPOs), nongovernmental organizations, and volunteer organizations providing lifestyle and community support in temporary housing and so on were also present.

In Minamisanriku, too, we participated in the health activity meetings of the Health and Welfare Division (Health Promotion Office/Comprehensive Community Support Center); in meetings with supporters from the six emergency temporary housing satellites (Shizugawa, Utatsu, Togura, Iriya, Minamikata, and Yokoyama), from designated temporary squads, and public health nurses; and in meetings between the Survivors Lifestyle Support Center and the Health and Welfare Division (Health Promotion Office/Community Comprehensive Support Center).

The reason we participated in so many conferences and meetings this FY is that we were committed to spending time sharing information at these events, informing individuals about what sort of activities the MDMHCC was engaged in as an organization, and what it was capable of doing. Through supporters, we were able to gain a better understanding of residents' issues, organize our own thoughts about supporters' issues while working with residents, and leverage this information into the advice we offered as specialists. By supporting supporters, we were able to keep our goal of prioritizing resident support in mind while providing accompaniment and collaboration with affiliated organizations in visitation activities as needed.

Subsequently, after arranging for various things, including outfitting our facilities with telephone lines (fixed/multiple lines), we set forth a policy of responding to resident requests for counseling. In other words, one might say that the initiatives of the Regional Center slowly changed alongside the status and development of activities inside the region.

Next, we will describe the initiatives for disaster survivor support the Regional Center undertook in each municipality.

(2) Disaster Survivor Support in Kesennuma

①. Support for Supportes

Our disaster survivor support in the city of Kesennuma began with health support for municipal staff. In collaboration with the Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry ("Endowed Department"), we carried out a health survey and post-survey interviews for Kesennuma city personnel. While the city of Kesennuma employs over 1,400 staff and officials, the scale of the damage caused by the disaster was immense, and many of these employees themselves were directly affected by it. As a result, their work in dealing with the aftermath of the earthquake had no doubt only increased since its occurrence. Thus, we began here because we were worried that these personnel were exhausted. In terms of our health support, the Endowed Department carried out the planning of the project and the implementation and analysis of the health survey, whereas the Regional Center collaborated on staff training workshops and interviews. We also worked with the Miyagi University Department of Nursing, in charge of Kesennuma city staff counseling, to implement some staff training workshops. We began training managers and implementing group work in May 2012 and later conducted the health survey among all staff. Subsequently, after conducting interviews with those who requested them, we instituted mental health training workshops for general staff members. Finally, in order to raise health awareness, we distributed a public awareness pamphlet to all staff members.

The same health measures were implemented for the staff of the Kesennuma City SWC.

Table 6: Kesennuma Initiatives

Initiative	Specifics	Targets	Events	Description
Support for supporters	Conference/meeting	Municipalities	24	Conferences with Kesennuma City Health and Welfare Office
	Conference/meeting	Municipalities	12	Conferences with Kesennuma City Health Promotion Division
	Conference/meeting	Municipalities	8	Conferences with Kesennuma City General Affairs Division
	Conference/meeting	Municipalities	2	Other psychiatric welfare-related conferences
	Conference/meeting	Support orgs.	62	Meetings of temporary housing resident supporters
	Conference/meeting	Support orgs.	6	Temporary subcommittee meetings
	Conference/meeting	Support orgs.	7	Suicide countermeasures study sessions/training workshops
	Health counseling help	Support orgs.	26	Kesennuma Ward Support Center health counseling
	Social event help	Support orgs.	23	Accompaniment support for KRA activities
	Group work	Support orgs.	1	Self-care training
	Health measures support	Municipalities Support orgs.	8	Kesennuma City staff, etc. Kesennuma City SWC staff
	Networking	Municipalities Support orgs.	85	Visitations/meetings with municipalities and support organizations
Community resident support	Individual support	Temporary housing residents	161	Support via visitations/telephone calls to high-risk residents in private chartered housing and temporary housing
	Individual support	Residents	21	Individual support via phone, walk-in, and visitations
		Residents	3	Participation in bereaved family meetings

Public awareness	Lectures	Temporary housing residents	9	Coordinated “Mental Health Seminar Traveling Lectures” with Kesennuma Medical Association
	Training/lectures	Municipalities Support orgs.	4	Motoyoshi Support Center/Kesennuma City Disabled Persons’ Forum/Employment Support Agency/Handheld Parenting Association/Kesennuma City Retirees’ Association
	Training/lectures	Residents	7	Akaiwa Children’s Hall/Karakuwa Kindergarten/Kesennuma City Mental Health Seminar (Karakuwa/Motoyoshi)

We also provided support to the staff and members of various organizations involved in support activities for emergency temporary housing tenants and so on. This involved the following: direct support for organizational activities, specialist advice on supporter issues and problems, and initiatives meant to lead to supporter self-care and stress reduction.

Support for emergency temporary housing residents in Kesennuma was managed by four organizations contracted by the city (Kesennuma City SWC, Shunpokai Social Welfare Foundation, Sasajin Co., Ltd., and the Nagomi Nonprofit Corporation), and was carried out primarily through the “Temporary Housing Tenant Support Center” (Table 6). Among these activities, we assisted in the health counseling carried out by the Kesennuma Ward Support Center. Comprehensive general health counseling in Shishiori Ward was performed in collaboration with other organizations (Kesennuma City Authority, Miyagi University, and Hyogo Prefectural University). We also participated in the activities of the KRA, which had received contracts for social events for temporary housing residents and delivered health lectures therein. Next, while it is perhaps better classified as aid for Support Center supporters, we visited each Support Center, understood the issues they were facing regarding difficult cases, offered advice, accompanied them on visitations, and aimed to reduce the psychological burden borne by supporters. We also offered specialist advice related to issues, plans of action, and interpersonal support and assistance topics raised during supporter meetings held at Support Centers. Many of the Support Center lifestyle counselors, reconstruction coordinators, and friendly visitors were social welfare workers, public health nurses, nurses, home helpers, and other highly qualified individuals who had experience with interpersonal assistance. However, some lifestyle support counseling and KRA staff members were disaster survivors themselves, and there were also many supporters with little interpersonal experience. For this reason, we offered advice and conducted self-care training workshops that we felt would help deepen their understanding of interpersonal aid and reduce their anxiety during cases.

②. Community Resident Support

Most of our community resident support took the form of checkups and work with high-risk individuals identified via the “Temporary Housing Resident Health Survey,” which was requested by the Kesennuma City Health Promotion Division. After discussion with the Kesennuma City Authority and the Kesennuma Public Health Center, we divided up the tasks of this project, and began handling visitation/telephone cases among temporary housing residents in June 2012. We first began to work with individuals with K6 scores ≥ 13, insomnia, or alcohol problems, and then broadened our scope to those with K6 scores of 10–12 (corresponding to mood/anxiety disorders). We were involved in a total of 161 case-related activities and events in FY 2012.

We also received requests for assistance from the Kesennuma Physicians’ Association, and we implemented a health classroom for temporary housing residents and so on (the Mental Health Seminar Traveling Lectures). In collaboration with the Kesennuma City Authority and the Kesennuma Public Health Center, we held health classrooms (health lectures and counseling) in emergency temporary housing in nine locations throughout the city of Kesennuma between June and August 2012.

③. Raising Public Awareness

In response to requests from affiliated organizations, we arranged for the dispatching of lecturers and so on to training workshops and lecture sessions, and conducted lectures related to mental health. We created pamphlets about post-disaster mental health and self-care practices for working individuals and distributed them to affiliated organizations and persons.

(3) Disaster Survivor Support in Minamisanriku

①. Support for Supporters

Initially, health support for municipal staff was considered in discussions with the Minamisanriku Town Authority, Miyagi Psychiatric Center, Kesennuma Public Health Center, and the Kesennuma Regional Center. Later, in July 2012, the Endowed Department joined, and these agencies worked together to provide support. Minamisanriku suffered extensive damage during the disaster, and nearly 40 staff and supporters had lost their lives in the line of duty, highlighting the importance of health measures for these vulnerable individuals. Health support was provided in accordance with Kesennuma City staff. In terms of our health support, the Endowed Department planned the project and implemented and analyzed the health survey, whereas the Regional Center collaborated on staff training workshops and interviews. Manager training and group work were implemented in October 2012, and later, a health survey of all staff (approximately 250 people) was administered. Subsequently, after conducting interviews with those who requested them, we implemented mental health training workshops for general staff members. In order to raise health awareness, we distributed a public awareness pamphlet to all staff members. Finally, starting in October 2012, we received a request from the Minamisanriku Town General Affairs Division, and periodically set up a counseling counter for town staff, where a clinical psychologist provided counseling.

The same health measures were implemented for the staff of the Minamisanriku Town SWC.

Table 7: Minamisanriku Initiatives

Initiative	Specifics	Targets	Events	Description
Support for supporters	Conference/meeting	Municipalities	17	Conferences with Minamisanriku Town Health and Welfare Division/Comprehensive Community Support Center
	Conference/meeting	Municipalities	8	Conferences with Minamisanriku Town Disaster Survivors Lifestyle Support Center
	Conference/meeting	Municipalities	8	Conferences with Minamisanriku Town General Affairs Division about staff health measures support
	Conference/meeting	Municipalities	3	Conferences with Minamisanriku, Tome, and affiliated organizations
	Conference/meeting	Support orgs.	47	Supporter meetings (satellite meetings)
	Individual support	Municipalities	9	Visitation accompaniment and support for public health nurses
	Group work	Support orgs.	3	“Senior meetings,” group work for senior support staff
	Group work	Support orgs.	13	Supporter group work on the topic of alcohol-related problems (project entrusted to the Tohokukai Hospital)
	Health measures support	Municipalities Support orgs.	11	Minamisanriku Town staff Minamisanriku Town SWC staff
	Networking	Municipalities	12	Visitations/meetings with municipalities and support organizations

		Support orgs.		
Community resident support	Individual support	Municipalities	5	Health counseling for Minamisanriku Town staff
	Individual support	Support orgs.	12	Interviews by appointment after health counseling
	Individual support	Temporary housing residents	36	Support via visitations
	Individual support	Residents	7	Individual support via visitations
Public awareness	Training/lectures	Municipalities Support orgs.	1	"About Self-Care" Coordinated with Minamisanriku Town Authority

Support for emergency temporary housing residents and the like in Minamisanriku was managed by the town-contracted Minamisanriku Town SWC, and was carried out primarily through the "Minamisanriku Town Disaster Survivor Lifestyle Support Center." One unique aspect of this system was the placement of far more support staff in comparison to other regions in the prefecture (Table 5). However, these positions were fixed-term employments made possible by the Urgent Job Creation Project, and many of these supporters had themselves been affected by the disaster and moved into emergency temporary housing. Many supporters also had no experience with interpersonal aid and engaged in their support activities while simultaneously attending training workshops.

The support activities of the Minamisanriku Regional Center began as accompaniment for public health nurses involved in guiding supporter meetings and support for public health nurse activities. Amidst these circumstances, visitation accompaniment for supporters and direct, individual case work via interviews increased.

In addition to providing accompaniment support for supporters in their work with residents and offering advice, we worked to reduce their psychological burden. In October 2012, in response to a request from the Disaster Survivors Lifestyle Support Center, we conducted a communication and self-care training workshop for supporters. Further, starting in November, we began to hold "senior meetings," group work sessions for satellite senior staff who served as supporter leaders.

②. Community Resident Support

In August 2012, in response to requests from Minamisanriku public health nurses, we accompanied them on resident visitations and conducted interviews. Later, in September, we took over individual cases at the behest of town public health nurses and began to conduct regular visitations at the Minamikata Satellite Center. Subsequently, visitation accompaniment for supporters and direct, individual case work via interviews increased.

③. Raising Public Awareness

In response to requests from affiliated organizations, we arranged for the dispatching of lecturers to training workshops and lecture sessions related to mental health. We created pamphlets about post-disaster mental health and self-care practices for working individuals and distributed them to affiliated organizations and persons.

3. Toward the Next Year

Looking back on the last year, during the first half, we engaged in activities that emphasized relationship building with persons involved in support. This is because we determined that our first priority was the building of relationships with municipal public health nurses, who shoulder the central burdens of mental health activities, and supporters, who are directly involved in helping disaster survivors. For this reason, we directly visited municipalities, Support Centers, and satellite centers, and attended various kinds of conferences and meetings. Through these efforts, our work in the latter half of the year gradually shifted toward individual requests and counseling.

In the future, we aim to inform affiliated organizations that we will be able to respond to requests for individual accompaniment on difficult cases, and we also hope to carefully respond to resident requests for direct counseling.

Further, while increasing the number of opportunities we have to work with municipalities, we also plan to carefully continue the endeavors we undertook in our first year of operation, and to continue to respond to support needs.

In our meetings with supporters involved in disaster survivor support, health problems and confirmation of safety among residents was often brought up. People also often spoke of life stresses that had built up between community residents. While we heard the stories of those who had managed to rather quickly rebuild their lives, we were also asked about livelihood assistance/welfare, which we take as a sign that the livelihood gap between temporary housing tenants is growing wider. The isolation and anxiety faced by tenants of temporary housing outside the prefecture/municipalities, where information cannot travel as easily, is also significant. It is rather difficult to understand the status of private chartered housing tenants, and their voices do not reach us as easily, preventing us from easily seeing their loneliness. We must develop a system that enables us to promptly respond when these individuals request the support they need.

For these reasons, initiatives that inform residents that there are places for them to seek help and advice are most necessary. Dissemination of information both within and outside disaster-affected areas is also critical to maintaining social interest in this issue, and we plan to proactively take part in information broadcasting through public awareness workshops, pamphlets, and our website, among other avenues (Table 8).

Table 8: FY 2013 Projects

Continued Projects

- Community resident support projects (individual support)
  (1). Interview counseling (home visitation and walk-in counseling)
  (2). Visitation/continued counseling for high-risk residents in emergency temporary housing, etc.
- Support for supporters
  (1). Specialist support-related advice
  (2). Staff mental health support
  (3). Training workshops for supporter mental health
  (4). Support Center health counseling
  (5). Consultation for project planning/advancement
- Public awareness projects
  (1). Mental health lectures for residents of disaster-affected areas
  (2). Creation of mental health pamphlets for administrative personnel
  (3). Creation of mental health pamphlets for residents and supporters
  (4). Coordination of various events with municipalities

New Projects

- Miyagi Disaster Exchange Event in Kesennuma: collaboration with and support for civilian activity organization

References:
1) Materials published by Miyagi Prefecture (April 2012).
2) "Minamisanriku PR Magazine," published 11/1/2012 by Minamisanriku Town Authority, pp. 8–9.

Looking Back on 10 Months of Activities

Kesennuma Regional Center, Kesennuma Transfer
Psychiatric Social Worker – Miyo Fujishima

1. Introduction

Since June 2012, I have been stationed in the Kesennuma City Health and Welfare Department, Health Promotion Division as a transfer from the MDMHCC and have worked since then with city staff on their various projects. As I am not originally from Miyagi Prefecture, and because this is my first time working in the field of psychiatric medicine inside the city of Kesennuma, I first sought to help my colleagues better understand what sort of work a psychiatric social worker does. I did what I could to whatever extent was possible while endeavoring to increase opportunities for others to work alongside me; from there, I gradually began to organize my thoughts regarding what sort of activities should be implemented moving forward.

2. Mental Health-Related Counseling Aid for Private Chartered Housing Tenants

The first request I received was to provide support for tenants of private chartered housing. Like those residing in emergency temporary housing, these tenants were not concentrated in any one particular place, and were, without exception, thrust into entirely new communities. Furthermore, there were far too few support staff to oversee them. First, I held interviews with high-risk individuals identified via K6 score (a scale used to measure psychological stress) as measured by a health survey conducted in Miyagi and Kesennuma; next, I confirmed the health of all tenants via visitations and phone calls. Through these activities, I was able to understand many of the needs of community residents directly from them and to share these needs with public health nurses. I also asked tenants of emergency temporary housing and those whose houses were not damaged by the disaster but wished for counseling for mental health-related reasons to tell me their stories. The majority of mental health-related counseling was provided as follow-up sessions to tenants of private chartered housing after the health survey (Table 1).

Table 1: Counseling Overview

	Phone	Visitation	Interview	Total
All types of counseling	120	190	52	362
Breakdown				
First-time groundwork counseling for high K6-score persons (private chartered housing*)	82	29	2	113
First-time groundwork counseling for high K6-score persons (temporary housing)	6	2	-	8
Door-to-door visits (private housing*)	-	80	-	80
Mental health counseling	24	70	16	110
Mother-child counseling	8	9	34	51

(*running total of all sessions with private chartered housing tenants)

3. Mother-Child Counseling

The Health Promotion Division, to which I was transferred, was originally a counter for counseling duties that centered around health consultation, home visitation, and other activities related to mother-child health for families with infants; thus, I took on counseling for individuals seeking such services. Further, I interpreted for foreign mothers unable to speak Japanese, and provided counseling alongside public health nurses regarding life in Japan and parenting. Most of the mothers who came in had complaints similar to the following: "After the disaster, my children no longer have any places to play" and "We now live in a different home, and our children aren't taking it well." Finally, many of these mothers told me that they had very little time or space to talk about themselves and their feelings to others.

Table 2: Mother-Child Counseling Details

Subject	1.5-year checkup	2.5-year checkup	3.5-year checkup	Other young children	School-age children	Foreigners	Total
No. of clients	2	3	1	2	2	1	11
Total sessions	3	7	2	3	26	10	51

4. Hosting the Koko Café

As I met more frequently with individuals who had been moved into private chartered housing, I often heard that they found it difficult to acclimate themselves into their new communities, had very few people to talk to, and often felt depressed. Thus, the "Koko Café" was held a total of four times, starting in January 2013, to provide a place for the community to gather, talk to one another, engage in activities that would lighten their hearts, and attend lectures they might find useful. These events were made possible with the invaluable help of the Volunteer Center, Mitsumine Hospital, and the time and effort of all the teachers and lecturers who took part. I am proud to state that we were able to receive good feedback from participants.

Table 3: Koko Café

Date (2013)	Location	Participants	Breakdown		Details
			Men	Women	
1/21	Resident Health Management Center	9	2	7	Lecture: "Tapping Touch"
1/31	Resident Health Management Center	7	1	6	Lecture: "Tapping Touch"
2/13	Jonan Annex	13	0	13	Lecture: "Releasing Fatigue in the Mind and Body: Relaxation"
2/26	Hashikami Community Center	13	1	12	Lecture: "Releasing Fatigue in the Mind and Body: Relaxation"

Café space

Koko Café poster

(Participant Feedback)

- I don't have very many opportunities to go outside, so I appreciated being able to talk to others.
- I'm always by myself, and I needed an opportunity to meet other people.
- It helped ease my restlessness and relax.

We created a café-style space to facilitate informal interaction, which allowed participants to socialize after lectures over tea, coffee, and other drinks. I think this home-like atmosphere enabled these individuals to relax. In a broader sense, by incorporating a wide range of activities that stimulated all five senses, we were able to help turn participants' awareness and attention away from themselves for a little while. The results of a post-activity questionnaire indicated that many participants wanted to hear about "health" in future events.

In the future, in an effort to help individuals who told us that changes in their environment and ability to go out caused their weight to fluctuate, or mentioned that they had stopped leaving the house because they had been feeling down, I would like to incorporate a significant amount of programs touching on the topics of exercise and nutrition, as well as the relationship between the mind and the body, into the Koko Café.

5. Problems and Solutions

As I look back on my work over these past 10 months, the time appears to have both flown by and been immeasurably long. I think there are many things I was unable to fully accomplish. Specifically, I was neither able to set long-term goals and a realistic path toward achieving them nor do I feel I looked back enough on what I did as I was working.

Reasons for this include the fact that a disaster of this scale was simply unprecedented, and that manpower was largely insufficient. I also have not yet formed an effective network with individuals active in Kesennuma.

As most of my mental health counseling work was done as follow-up to health survey findings, I did not introduce community residents to other counseling counters or inform them about the nature of alternative services. Further, barely anyone approached our counseling counter with such concerns.

I think that in this, our third year since the disaster, the difference between those whose problems are slowly becoming chronic and long-term and those whose problems have naturally resolved over time will become quite clear. I hope that while continuing these individual counseling activities in an effort to listen to the voices of those whose problems have become long-term, I am able to set forth a plan to resolve such problems and work together with others to implement it to a point where I can look back on the progress I have made.

6. Reflections

I have tried my best to organize this report in a chronological manner, but as the vertical axis of time grows longer, the horizontal axis of the scope of my activities has also broadened. I suppose this is the merit of conducting disaster support in the same place over a long-term period. Without an understanding of the chronological flow of things or the circumstances behind a particular activity, I think it can be quite difficult to suggest activities to be carried out when support is requested, so to speak. This sort of timing is particularly critical both to reducing the stress of staff members and to providing support for supporters.

As a transferred employee, I was neither a full-fledged member of City Hall nor was I fully incorporated into the goings-on at the Kesennuma Regional Center, and at times, I found myself in a lonely position. However, I am grateful that my colleagues at City Hall—busy with their own work supporting community residents—would take notice of this and reach out and encourage me. There are many things I have yet to accomplish, but I hope to continue to work with them, to help and to be helped by them, in the coming years.