Department Initiatives

③ Stem Center, Community Support Division

Stem Center, Community Support Division
Psychiatric Social Worker – Mitsuaki Katayanagi

One year has passed since this Center began operating at full scale. In an effort to respond to the myriad mental health troubles and issues that arose as a result of that unprecedented disaster, the Community Support Division of this Center has assumed the role of an active service unit. The staff of the Community Support Division is a group of passionate, highly qualified individuals assembled from both within and outside Miyagi Prefecture. I am proud to say that we have gathered a faultless lineup to accomplish the tasks set before us. However, the things we have accomplished this year have rarely been front-and-center showcases of our specialized talents; rather, we have worked behind the scenes to provide support to the various supporters who began working in affected municipalities immediately after the disaster. It is in these activities that our specialized skillsets have been put to full use. We have had to continually reconcile, adjust, and re-explore the roles and functions of the Community Support Division in accordance with the expectations of the municipalities in which we operated, and this past year has been an invaluable lesson in reconsidering what form the Community Support Division should take in the years to come.

Here, we will take a look back at the activities of the Community Support Division of the Stem Center over this past FY, and in light of them, discuss our support guidelines for FY 2013 and the medium- and long-term future.

1. Activities During the Founding of the Center

The Community Support Division of the Stem Center began operating at full capacity in April 2012, when one year and one month had passed since the Great East Japan Earthquake. We took our first steps into the world, so to speak, in the midst of recovery and reconstruction efforts that were already underway, headed by the administrations of various disaster-affected municipalities and other support organizations. As we set sail, we had no way of knowing to what extent the gap between the occurrence of the disaster and the beginning of our operations would impact our primary goal of collaborative work with affected municipalities.

Amidst these circumstances, our staff considered seriously at each of our weekly Community Support Division meetings how we could work to build relationships with municipalities. A variety of opinions were shared, all of which fell, in retrospect, into the following three broad categories: “know the cities,” “respond to any and all requests for support,” and “gain the trust of municipalities.”

In order to “know the cities,” we placed a great deal of emphasis on learning the extent of disaster damage, reconstruction progress, and support status in each municipality from the public health nurses active there, who were in charge of resident mental health. In these conversations, as we learned of duties they had not yet had a chance to get to or support they had not been able to fully carry out, we proactively offered our help. Initially, we were often told by public health nurses that they were “unsure of what [they] should ask for help with,” but we continued to reiterate that we were willing to provide help in any regard, not just mental health-related tasks, and thereby worked to achieve our goal of “responding to any and all requests for support.” Further, multiple Community Support Division staff were installed in each municipality and visited various organizations at least once per week, adjusted as needed in response to external requests. By creating a system in which organizations could approach us as needed and have their request met quickly and efficiently, we aimed to “gain the trust of municipalities.”

2. Looking Back on Our FY 2012 Activities

The target areas for the Community Support Division of the Stem Center were all municipalities save the Kesennuma Public Health Center Area, the Ishinomaki Public Health Center Area, and the city of Sendai. In FY 2012, we implemented support primarily in coastal areas, where the damage of the disaster was especially severe (Table 1).

Table 1: Municipal Targets of Regular Support (at Least Once per Month) and Support Systems Used

Frequency	Municipality	Support Target	Support System
Regular support at least once per month	Matsushima	Resident Welfare Division	Two staff members (mainly a public health nurse and a psychiatric social worker) dispatched one day per week
	Shiogama	Health Promotion Division	Two staff members (mainly a public health nurse and a psychiatric social worker) dispatched one day per week
	Tagajo	Health Promotion Division	Two staff members (two of a clinical psychologist, public health nurse, and psychiatric social worker) dispatched one day per week
		Survivor Support Room	Two staff members (two of a clinical psychologist, public health nurse and psychiatric social worker) dispatched one day per week
	Taiwa	Health and Welfare Division	Two staff members (mainly a public health nurse and a psychiatric social worker) dispatched one day per week
	Natori	Public Health Center	One or two staff members (mainly a clinical psychologist and a psychiatric social worker) dispatched one day per week
		Survivor Lifestyle Rebuilding Support Division	Four to six staff members (mainly psychiatric social workers) dispatched one to three days per week
		Reconstruction Support Center Hiyori	Four to six staff members (mainly psychiatric social workers) dispatched one to three days per week
		Emergency temporary housing	Salon activities held in temporary housing twice per month, entrusted to the Miyagi Psychiatric Center
	Iwanuma	Social Welfare Division	Three to five staff members (public health nurse, psychiatric social worker, clinical psychologist) dispatched one to three days per week
		Survivor Lifestyle Support Room	One or two staff members (psychiatric social workers) dispatched one day per week
		Child Welfare Division	One staff member (clinical psychologist) dispatched once per month
	Watari	Health Promotion Division	Two staff members (a public health nurse and a psychiatric social worker) dispatched two days per week
As needed	Osaki	Health Promotion Division	One or two staff members (psychiatric social workers) dispatched multiple times
	Shiroishi	Health Promotion Division	One staff member (a psychiatrist) dispatched once per month
	Tome	Health Promotion Division	One staff member (a psychiatrist) dispatched once per month
	Yamamoto	Health and Welfare Division	One or two staff members (psychiatric social workers) dispatched multiple times
		Emergency temporary housing	Salon activities held in temporary housing once per month, entrusted to the Miyagi Psychiatric Center

(1) Municipal Initiatives

The Community Support Division of the Stem Center has implemented support at the request of municipalities in collaboration with them. Generally speaking, this support has taken two forms: “community resident support” (support for residents affected by the disaster) and “support for supporters” (support for individuals providing support to those affected by the disaster).

①. Community Resident Support

a. Support for Emergency Temporary Housing Residents

Support for residents of emergency temporary housing was often implemented at the request of municipal public health nurses, Support Center staff, Reconstruction Support Center staff, and other counselors and supporters active in emergency temporary housing. These requests took many forms. For example, some individuals came to us worried about changes in the expressions and behaviors of tenants they had observed during their daily support practices, and some support measures began on the basis of the results of health surveys carried out by the prefecture and various municipalities. Support methodologies also varied: sometimes the Community Support Division independently visited individuals and conducted interviews, and sometimes interviews were conducted with supporters and a third party.

Thus, our support for tenants of emergency temporary housing was quite often developed in concert with supporters already active in these areas. Collaboration with these supporters was incredibly important to us. For example, when it came to providing support, the title of “MDMHCC” made individuals loath to accept our help. However, in the case of emergency temporary housing, by having supporters inform residents of our existence ahead of time, their resistance to receiving counseling reduced considerably, and it became easier to refer them to counseling services. In this manner, support efforts began rather smoothly.

One characteristic underlying much of the counseling taking place in emergency temporary housing was the “worsening of interpersonal relationships among residents.” This worsening was partly due to changes in individuals’ living environments; related complaints included “I can always hear my neighbors talking” or “I always feel like I am being watched.” However, starting in the latter part of this FY, as residents began moving toward the reconstruction of their old lives, previously invisible interpersonal differences started to become salient and began affecting relationships. For example, a relationship that was formerly very emotional and connected could begin to deteriorate as one individual’s life was rebuilt whereas the other was forced to remain in emergency temporary housing. Additionally, rumors and backbiting regarding reconstruction were beginning to occur.

b. Support for Private Chartered Housing Tenants

Support for tenants of private chartered housing (designated temporary housing) primarily took the form of visitations carried out in accordance with the results of health surveys conducted by Miyagi Prefecture or by various municipalities. In particular, we received quite a few requests to provide support to residents observed to be in declining or worsening mental health. Specifically, we visited these residents, conducted assessments via interviews, and discussed support plans with municipal public health nurses. In terms of actual support, sometimes we visited individuals alone, while at other instances we were accompanied by individuals responsible for that resident as well as a third party.

In many cases, the only information we had access to prior to visiting the actual support location was whatever was recorded in health survey results. Worsening or declining mental health was not always caused by or related to the disaster itself, and thus the assessment interviews were of critical importance.

One issue that bears raising is the difficulty of providing early interventions to individuals requiring support. Reasons for this have been raised previously but include the fact that most individuals had only very superficial relationships with their neighbors and the fact that community bonds were nearly nonexistent; thus, it was quite difficult for the necessary information to reach the ears of administrative agencies or support groups. Further, unlike the case with emergency temporary housing, supporters are often not in the immediate environs of private chartered housing. Thus, when individuals with lifestyle difficulties or issues wish to seek counseling, there is often no one available to them, and it is difficult for us as an organization to pick up cases like this.

c. Support for Individuals Continuing to Live in Tsunami-Damaged Districts and for Individuals in Reconstructed Housing

In certain municipalities, in addition to support for individuals in emergency temporary and designated temporary housing, visitation support for individuals who returned to their own homes, despite the damage done to them by the tsunami or earthquake, and began to resume their lives was underway. There were also certain municipalities in which visitation activities for residents whose homes had been rebuilt and who had begun their lives anew were taking place. The Community Support Division supported these activities in accordance with municipal requests.

The things these various residents had in common was that they were not living in temporary housing facilities, that it was difficult for them to be recognized as valid support targets, or that they were often assumed to be low-priority for support measures. For these reasons, these individuals often did not receive support materially or emotionally equivalent to that received by residents of temporary housing facilities.

The same can be said of individuals living in reconstructed housing. While home rebuilding is often taken as a symbol of reconstruction or resumption of one's old lifestyle, it does not always go hand in hand with mental health recovery. Cases in which the beginning of a new life in a new house forced individuals to confront the loss of family members to the disaster, causing previously nonexistent mental instabilities, were by no means an exception. In addition, new houses were sometimes built in entirely different, unfamiliar areas. In such situations, whether an individual was able to form community relationships often dictated whether or not they would be able to lead a stable life there. If that relationship-building process did not go smoothly, it would often cause new psychological burdens. Support for individuals unable to be accepted by their new communities, who are forced to lead isolated lives, is of utmost importance.

②. Support for Supporters

a. Support for Municipal Public Health Nurses and Other Administrative Personnel

In nearly every municipality, it is public health nurses who shoulder the burden of mental health support for disaster survivors. The amount of work they have to do relative to the number of nurses available is very high, and at present, public health nurses throughout the prefecture are growing exhausted. The Community Support Division has worked to shoulder part of the work of survivor support that public health nurses are tasked with, including visitations for disaster-affected residents, counseling support, and the summarizing of health survey data collected from disaster-affected residents. In this way, a critical part of our support for supporters has been to relieve the burden borne by public health nurses.

Further, when requested, we have offered public health nurses specialist advice on support development and counseling requested by residents.

b. Support for Counselors and Supporters Working with Disaster-Affected Residents

One unique characteristic of the support provided in the wake of this disaster is that much of it, including support for tenants of emergency temporary and private chartered housing, has been handled by Support and Reconstruction Support Centers—in other words, a unique subset of people is providing support. The Community Support Division has, in an effort to maintain the mental health of individuals dedicated to survivor support in various municipalities, conducted interviews with supporters and self-care training workshops. Further, we have offered specialist advice on support for community residents and carried out training workshops on post-disaster mental health.

(2) Initiatives of the Stem Center Support Division

In order to provide better-quality, more effective support to each municipality, the Community Support Division of the Stem Center has worked on the following initiatives.

①. Study Sessions, Case Studies

These events were implemented in an effort to improve the abilities of Support Division staff. In study sessions, staff mentioned knowledge and skills they had felt a need to acquire during the course of their daily support work. Based on what was mentioned, we arranged for experts in various fields to serve as lecturers. Case studies were implemented to gain feedback and advice from other staff on cases currently underway and to increase the capacity of all staff.

While it was not always easy to schedule these sessions around our other duties, and there were some months in which we were unable to host any sessions, we plan to continue to implement these workshops in the future.

Date and Time	Content	Supervisor
July 2012	Case study	Iku Amakasu
August	Case study (twice)	Nao Komuro, Yuko Kashihara
September	Case study	Chizuru Ainai
October	Case study	Chizuru Ainai
October	Study session “About depression and dementia”	Naru Fukuchi
October	Study session “About interviews”	Yuko Kashihara
November	Study session “About standing out”	Yuko Kashihara
December	Study session “About groups”	Mitsuaki Katayanagi
December	Study session “About drugs”	Naru Fukuchi
March 2013	Study session “This year in review, and looking forward to next year”	Iku Amakasu, Nao Komuro

②. Sharing Information on Reconstruction Progress and Issues in Municipalities

In our regular meetings, we would share information on various municipalities on a weekly basis, but this only began six months after the Community Support Division began operating at full scale. Staff responsible for each municipality would provide information on the following five items: reconstruction plans and their progress in the municipality, municipal status and problems immediately after the Stem Center Community Support Division support had started, changes in municipal status and problems, current status, and future issues. This practice helped staff members gain a better understanding of the municipalities in which they were not active and even helped them understand their own municipalities better through comparison.

③. Regular Meetings

At the Community Support Division of the Stem Center, we conducted weekly meetings throughout the year. In these meetings, staff would provide information about the municipality they were in charge of: its current status and issues and future outlooks. The meetings provided a framework for this information to be transmitted to the entire Support Division. These meetings were an incredibly important time for all of us; they enabled us to ensure that staff would not have to face difficulties in their support duties alone, and they allowed all of us to gain an understanding of the status of support in each municipality, and thereby determine the future direction of the Community Support Division collectively. In addition, the regular meetings were designed to be used as a time for each staff member to discuss what they wished to speak about and to raise any concerns. In order for the Community Support Division to continue to function, a certain amount of communication between members is necessary; in this sense, too, these regular meetings were an important part of our duties.

3 Looking Forward

Despite our haphazard, blind start, over this past year, we have built up relationships with our target municipalities by carefully and politely responding to all requests. In the coming FY, we plan to make further use of these initiatives. As we turn a new page on our calendar, there is of course a desire to engage in new initiatives and endeavors, but as we continue to develop and fulfill the obligations of the relationships we have cultivated with various municipalities, I am sure that these new areas will reveal themselves in due course. The ability of municipal supporters and support organizations to make full use of their capabilities is of critical importance to disaster survivors and the communities they live in, and in order to ensure that this can happen, I believe it is vital for the Community Support Division to pour its utmost effort into its work.

From around the middle of this FY, a skeleton framework of reconstruction has become visible in many disaster-affected areas. From what was previously a state of near-total darkness, with nothing known or knowable, I believe we have taken a step forward into the light of reconstruction. While this is a good thing, at the end of March 2013, the prefecture of Miyagi moved to abort exemption measures for out-of-pocket medical costs for National Health Insurance members as well as for long-term care insurance fees. This signals that the time for disaster-affected individuals to return to work to catalyze the rebuilding of their old lives, in particular their financial situations, is drawing near. Changes in individuals' lifestyles, especially at a time like this, will bring with them a variety of difficulties and issues.

In the next year and beyond, we predict that the situations that arise from the background factors and issues facing each municipality will be quite different from one another. Further, the difficulties and problems of disaster-affected community residents will grow that much more complicated and idiosyncratic. As we take step after step toward reconstruction, we predict that while some of the troubles we have faced for some time will no doubt be resolved, new, unseen troubles will also surely rear their heads.

Amidst these developments, we of the Community Support Division resolve to hold true to our creed of implementing "support designed to achieve the futures dreamed by the people it affects" in both support for supporters and community resident support in the coming years.

Participating in Mental Health Care Activities in Natori

Stem Center, Natori Transfer
Psychiatric Social Worker – Hiroyuki Sasao

1. Activity Details

(1) Progress and Duration

Last year, a recruitment notice from the MDMHCC was posted to the Social Welfare Workers' Association webpage. After responding to it, I was hired to work as an external supporter from January to March 2013. Despite being a qualified psychiatric social worker, this was my first time taking part in "mental health care" activities. I was unsure of whether or not I would be able to fulfill the duties allotted to me, but I decided to keep a positive outlook, hoping that things would work out one way or another.

I was placed permanently in the Natori City Public Health Center as a transfer employee. Unable to find a month-to-month apartment, I ended up living in a hotel for three months. This was my first time living alone in my over 60 years on this planet, and while I tried to get better at cooking and other tasks, I fear it was all for naught.

(2) Daily Activities

① Mental Health Care System in Natori

It appears that mental health care in Natori had been managed, even before the disaster, by the Public Health Center. After the disaster, the city received support from various NPOs, and the MDMHCC Stem Center dispatched several staff members there, who provided mental health care support for both residents and supporters.

The city of Natori, perhaps because of its relationship with the Miyagi Psychiatric Center, a specialized psychiatric hospital located in the city, is said to have rather advanced care options for individuals with mental illness. Rather than working directly with a disaster survivor, my first job was in fact to attend to a patient with schizophrenia whose severe diabetes had led to him being transferred to a general hospital. A physician at that hospital said, "He's in a very unstable state. Anything can happen. In Natori, individuals like this are usually cared for at home. I'm glad he made it here." I gathered that the organization responsible for this at-home mental health care was likely the Public Health Center.

② I had been placed as a transfer employee in the Public Health Center. My day-to-day work

consisted primarily of visiting individuals believed to require mental health care, listening to their stories, and referring them to medical institutions or other facilities if necessary. Some of the individuals had lost close relatives in the disaster, and some had gone through truly tragic experiences. Some were unable to be hopeful about what lay in store for them and had fallen into deep depression. Some had watched as others were swept away by the tsunami, and plagued by survivor's guilt, had turned to alcohol. I met many different kinds of people. If I were to broadly categorize the sorts of visitations I conducted, I suppose the following four types would cover most cases.

a. High-Risk Private Chartered Housing Residents

In comparison to most individuals residing in temporary housing, these individuals had sought out rental housing on their own and, therefore, generally represented households of a stronger sort. Most of the members of these households were out of the house during the day and left the elderly folks at home. These elderly individuals had trouble acclimating to their surroundings and were often quite lonely.

As most of these elderly people had no one to speak with during the day, they would often invite me in with a smile, thanking me for stopping by, and would eagerly look to talk with me. Initially, I felt that having a conversation wasn't really "working," so I tried to just listen, but I came to understand just how important these conversations were to my job. However, the most troublesome thing was being told by the individuals I was visiting that they were "okay" or that "Even if I told you what's wrong, I doubt you'd understand." Even though these people were clearly in dire straits, they were often quite reluctant to open up to me. While I did eventually realize that mere conversations with such people were incredibly

important, the truth is that I was often unable to navigate these conversations well, and many individuals ended up feeling down or dejected. I realize now that experience and practice are necessary to address these people's needs appropriately.

b. Emergency Temporary Housing Residents

In each temporary housing development, information exchange sessions for lifestyle supporters posted there, visiting nursing foundation nurses, Comprehensive Community Support Center staff, and Public Health Center staff were held every month, where the status of each resident, their troubles, and possible solutions were discussed at length. I conducted visitations for individuals who were determined at these meetings to need support.

c. Individuals Living in Their Own Homes in Disaster-Affected Areas and Those Living in Reconstructed Housing

I sometimes visited individuals who were somehow managing to live in their own homes, despite tsunami damage either to it or to the surrounding area, as well as individuals who had rebuilt their homes.

d. Other

Targets of Public Health Center support were not always direct survivors or persons affected by the earthquake/tsunami. People who simply needed mental health care were also included. For example, there was one case of an individual who had developed higher brain dysfunction and was left nearly blind after a traffic accident; as a result, they had lost their job, become a shut-in, and fallen into depression. This individual came in for a checkup and counseling, which made it possible to connect them to better support programs.

(3) The Role of the MDMHCC

As an employee transferred to the Natori City Public Health Center, the fact that Stem Center supervisors would regularly visit Natori to offer support was very reassuring. I also believe that the fact that the MDMHCC was willing to take over difficult cases helped ease supporters' mental burden. I learned that its efforts to reduce the mental strain placed on supporters constitute one of the most important jobs of the MDMHCC.

2. Issues Caused by Weakened Disaster Survivor Communities and Environmental Changes

Individuals living both in private chartered and emergency temporary housing had lost close relatives, friends, and acquaintances. They had lived through the horrible experience of the tsunami, and many of them had lost money and memories to the water. While some of these individuals needed mental health care, they were not the only people we provided support to. In truth, the majority of our daily consultations were with individuals with everyday problems, many of which were interpersonal issues stemming from changes in their environments.

In an effort to keep pre-disaster communities intact, Natori had made arrangements to move entire communities into temporary housing as cohesive units. Most tenants had, before the disaster, lived as part of their local community, supporting and looking out for one another. Unfortunately, after the disaster, these people barely had enough time to look out for themselves and were separated from their neighbors by very thin walls indeed. Under such circumstances, interpersonal troubles tended to come to the fore. I was reminded quite frequently and poignantly of the importance of interpersonal relationships and mutual support. Once, I was told, "Yes, a disaster has occurred, but that doesn't mean I have any special needs. I still need the things I've always needed, and I still need to do the things I've always done, disaster or not." I think that's when I finally got it.

3. Looking Back on Three Months of Work, and Looking Ahead to Future Issues

The Great Hanshin-Awaji Earthquake caused some large buildings to completely collapse, and more than 6,000 people were crushed to death. While I was affected by this disaster, my home went essentially undamaged, and several of my friends and acquaintances actually came there to evacuate. In contrast, the area damaged in the Great East Japan Earthquake was larger by an entire order of magnitude, and many areas affected by the tsunami had been essentially razed to the ground, leaving scenes of destruction I could do little about but stand and gape at.

We have spent the last two years slowly moving toward reconstruction, and now, heretofore unseen problems are beginning to come to light. Most survivors still live in temporary housing,

and until recently, for better or worse, everyone had spent the last two years under essentially identical circumstances. However, the building of reconstructed housing finally began this year, and some individuals have had their homes rebuilt, while others have moved to new homes purchased in inland areas. These groups of people are beginning to move, at their own pace and in accordance with their own capacities, toward rebuilding and reconstruction. In the coming years, the gap between people able to independently rebuild their lives and the so-called socially vulnerable—elderly individuals, those with disabilities, the financially disadvantaged, and others—will start to become quite stark indeed.

Two years have passed since the disaster, and as I sit here in Kansai, I get the feeling that what happened is slipping, day by day and little by little, from our memories. However, it is in the coming years, if anything, that mental health care and various other kinds of support will be most needed.

Miyagi Disaster Mental Health Care Center Activity Report

Noueisha, a Social Welfare Service Corporation
Counseling Support Office “Traveler’s Tree” – Susumu Mizuhara

From May 7 to August 31, 2012, a total of four months, I was transferred by the MDMHCC as a psychiatric social worker to the city of Shiogama. I report my activities there herein.

In March 2012, the city of Shiogama carried out a post-disaster health survey among all its residents. I was directly dispatched to the Adult Public Health Section of the Shiogama Public Health Center to help with follow-up work to this survey. My primary duties were as follows: (1) provide follow-up phone, walk-in interview, and visitation support to city survey respondents who individually requested counseling, (2) conduct visits to individuals deemed to be high-risk by health surveys administered by the prefecture and various municipalities, and (3) create tables and graphs to summarize support result data collected via city-coordinated and privately conducted surveys.

The numbers of support cases I worked on are as follows: 51 visitations, four interviews, and 357 cases of follow-up telephone counseling. Broken down by age, 75.1% of the targets of these visitations, interviews, and telephone calls were over 60 years old. Owing to this high proportion, counseling support for elderly individuals was provided in collaboration with the Elderly Citizens’ Welfare Division.

Broadly speaking, the counseling support I provided dealt with counselees’ worries about their health/physical condition, mental health problems/anxiety, anxiety about the health of family members, and insomnia, among other things. As counselees brought up these topics, my main role was to listen; however, when necessary, I did offer advice and share information.

I accompanied a psychologist or public health nurse on 39 of the 51 visitations I took part in. These individuals played different roles according to their professions, and I, as a psychiatric social worker, provided specific explanations of welfare services and other social resources. I believe my efforts helped individuals achieve a better understanding of welfare services and contributed to their overall ease and peace of mind.

Many of my 357 telephone follow-ups involved individuals who stated that they “[were] fine,” that “things had calmed down,” that they were “glad that [I] had called,” or that they “would call if anything came up.” I think the fact that there was someone they could contact if they ever felt like they needed help likely contributed to community residents’ peace of mind.

One important thing I kept in mind as I began my support work was to refrain from pushing my own ideas and feelings on to others, and to instead provide support in accordance with the methods and needs of the organization in which I had been placed. I also believe I was able to build relationships with and provide support alongside Public Health Center nurses and the psychologists and psychiatric social workers who came to Shiogama as transfers.

My colleagues at my transfer destination taught me many things. However, because I was not able to prepare sufficiently for my post in advance, I believe I ended up becoming a significant burden to these individuals. Initially, I was unaware of the geography of my posting location and of social resources in the area, and even had trouble understanding the local dialect. While mastering the dialect spoken by elderly residents of Shiogama may have been difficult to achieve in advance, I believe I should have at least familiarized myself with social resources and the names of local places.

While this is ultimately my personal opinion, I believe that short-term dispatch support provided in times other than immediately after the disaster may actually prove to be a burden to the community. I think that support should be as long-term as possible. Further, I feel that when carrying out short-term reconstruction support, transfer personnel should make every effort to prepare before their dispatchment and work to familiarize themselves with local needs and social resources.

While it was only for four short months, I am thankful for the valuable experiences I had during my stay in Shiogama. I hope to share the things I learned and experienced in Miyagi with my fellow psychiatric social workers in Chiba Prefecter.