

Department Initiatives

④ Stem Center, Planning Division

Planning Division Initiatives and Future Issues

Stem Center, Planning Division
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1. Introduction

The general impression of the work of the MDMHCC appears to be that its personnel visit temporary and private chartered housing developments in coastal areas, working directly with community residents therein. However, this work is primarily allotted to the community support divisions of individual centers. The Planning Division is a department of the MDMHCC Stem Center, and its primary tasks are to provide behind-the-scenes support for these activities, propose new projects, and carry out necessary negotiations and discussions with external organizations.

As we have limited opportunities to travel to disaster-affected regions, it can be difficult to present an adequate picture of what exactly we do. Here, while looking back on what we of the Planning Division have achieved in FY 2012, we will present a coherent view of our role as an organization.

2. From the Founding of the Planning Division to Today

On November 1, 2011, an Operations Room, the goal of which was the founding of the MDMHCC, was established in the city of Sendai. It was there that for the first time, three staff members of what would become the Planning Division assembled and, alongside staff members of the General Affairs Division, commenced work on preparatory activities for the establishment of the Center. On December 1 of the same year, the Stem Center of the MDMHCC, the first of the Disaster Mental Health Care Centers in the three prefectures of Tohoku, was established. It was composed of the aforementioned full-time staff as well as part-time staff who were also members of other institutions; on that day, our work as the Planning Division began. Until the later establishment of Community Support Divisions in each of the subcenters, we also shouldered that responsibility.

The first tasks that the Planning Division set out to accomplish were the building of face-to-face, personal relationships with officials across municipalities and achieving an accurate understanding of the status of each prefectural region. To this end, we visited coastal areas, municipalities from Kesennuma to Yamamoto, and officials in Public Health Centers and other affiliated organizations therein. Though more than nine months had passed since the disaster, affected locations were still in chaos, and because they had been drowning in work throughout that time, local officials were, without exception, utterly exhausted. Thus, we set our sights on devising a way to somehow lighten their load and resolved to respond to their desires and requests as closely as we could. In the wake of the disaster, numerous support organizations had descended upon Miyagi; support misaligned with the needs of local communities and support in which the assumptions or misconceptions of external supporters were prioritized had caused chaos in many areas, leading to friction between organizations. Thus, we made every effort to take a humble, careful position so as to prevent our own involvement from causing such troubles.

Between our daily visits to various municipalities and organizations throughout the prefecture, we were swamped by questions and support proposals from outside. The days until April 2012 passed in a flurry of training workshops and donation proposals, correspondence with individuals wanting to observe our work, recruitment activities for the founding of the Community Support Division, and dealings with the media.

3. Looking Back on Our Activities in the Last FY

After April 1, 2012, the Community Support Division was added to the Stem Center and the Ishinomaki Regional Center and the Kesennuma Regional Center were both established. The MDMHCC had become a large family with a total of 56 members: 34 full-time staff and 22 part-time staff. Even the Planning Division, which at the founding of the Stem Center comprised just three individuals (psychiatric social workers and public health nurses), received two new graduates in April 2012 and another two dispatch staff in the middle of the FY. At present, it comprises seven members (as of the end of March 2013).

The duties of the MDMHCC at large consist of the six items listed below; the projects and initiatives in which the Planning Division takes part have been described in detail below.

(1) Raising Public Awareness

①. Creation and Distribution of Pamphlets

In the wake of the Great East Japan Earthquake, a variety of problems inherent in post-disaster scenarios were identified, including PTSD, suicide, alcohol-related problems, and supporter exhaustion. In order to provide municipalities across the prefecture with general knowledge and to inform them about counseling counters and the like in their area, we created and distributed a variety of pamphlets (Document 1). In particular, because alcohol-related problems were coming to light in many areas, we printed several kinds of pamphlets that could be used as tools during interventions and distributed them in various ways in accordance with their use cases or as sets.

②. Creation of a PR Magazine and Management of Our Website
We published four issues of a PR magazine aimed at informing people about the activities of this Center as well as sharing information useful

Document 1: Awareness Pamphlets

MDMHCC Pamphlet (for Supporters)	6,000
MDMHCC Pamphlet (for the General Public)	9,000
“What is PTSD?”	20,000
“Preventing Depression”	20,000
“Keep an Eye out for Insomnia”	20,000
“Alcohol and Mental Health”	20,000
“For You, Because You Are Important”	20,000
“Your Health and Alcohol Workbook”	20,000
“Symptoms and Illnesses Related to Alcohol Consumption”	10,000
Other pamphlets, including “About Alcoholism and Drug Addiction,” can be viewed on our website.	

to communities far and wide throughout the past year. The magazine contained reports from our various training workshops and social exchange meetings and showcases of the initiatives of civilian activity organizations, as well as light reading, including articles such as “Self-Care Methods” and “Community Characteristics.”

Initiatives of the above sort were also posted as electronic files to our homepage (Document 2), which was overhauled in June 2012 in an effort to allow people from throughout the country to use and view it at will. Our website also showcases a variety of workshops and events related to the disaster, as well as community information. In addition, each Community Support Division maintains a blog on our site where they showcase their daily activities. On a daily basis, pages on our site are accessed an average of 60–70 times.

Document 2: Miyagi Disaster Mental Health Care Center Website



(2) Support for Supporters

①. Acceptance and Arrangement of External Support

Immediately after the disaster, mental health care teams from each prefecture and various other support organizations began operating in affected municipalities. However, as time passed, these organizations withdrew from the prefecture, and municipal officials were left not only with their usual work but also disaster-related duties. In order to relieve their burdens, we dispatched Center staff as transfer employees to these municipalities. Staff were also dispatched to several municipalities from the Community Support Division of the Stem Center, and these individuals have begun continued support activities at their transfer destinations.

However, because the manpower of the Center alone was insufficient to meet the requests of various municipalities, we worked with the JAPSW and the Yokohama City Community Support Alliance for the Mentally Disabled (Shiseiren) to arrange short-term dispatches of personnel to various municipalities.

From July to December 2012, we accepted supporters from external organizations around once per week. These individuals were placed under the authority of local transfer staff and were chiefly responsible for record-keeping, document creation, and accompanying staff during interviews and

visitations. The Planning Division took care of pre-departure explanation of roles, confirmation of points of note, schedule arrangement, procurement of lodging, and arrangement of travel fees. Securing lodging was already difficult for some time after the disaster, and the problem was compounded during vacation season and when reconstruction-related events were being held.

In addition to the above, the Planning Division worked with various specialists and professionals, including the JASWA, the Miyagi Psychiatric Center, and registered members of the Supporters' Club, to respond to the needs of municipal officials. To prevent discord in the relationships between external organizations and local officials that we mediated, we made every effort to take a polite, careful approach to our work. As the first year, during which sheer manpower was prioritized, gave way to the second year, longer-term dispatchments were requested, and we needed to adjust our responses accordingly. While coordinating schedules with several external organizations, we also had no choice but to deal with local officials' complaints regarding dispatched personnel; acting as the go-between in these disputes was more of a burden than we had expected, and came with far more difficulties than anticipated.

(3) Human Resource Development

①. Planning and Hosting the Earthquake Exchange

After the disaster, the Disaster Mental Health Network Miyagi hosted the Disaster Mental Health Care Exchange in June and November 2011. This project was aimed at allowing public health nurses and other officials who had been working without reprieve since the disaster a chance to take a step back, find time to refresh themselves, deepen their social relationships with participating officials from other locations, and exchange information. From the third edition onward, the MDMHCC took over the planning of the project, and preparations were made in the Planning Division.

Initially, the plan was to run the event like the previous two editions, and have local officials provide reports on the current status of their communities. However, because more than one full year had passed since the disaster, normal duties had finally resumed, and municipal officials were quite busy with their usual obligations. Further, because participation in this event required forgoing some vacation days, we were worried that it might actually become a burden. Thus, we temporarily postponed the event from its planned June date and decided to rethink its objectives and significance.

Coincidentally, the Planning Division had received, at the time, a request for assistance in holding an information exchange session for civilian activity organizations; thus, we considered utilizing the Exchange as a place for organizations to build collaborative relationships and share information. Soon after, we had each Community Support Division provide us with the requisite information to request civilian organizations throughout the prefecture to participate, and the third Earthquake Exchange was held in November 2012 (Document 3). Nearly 100 participants from all over the prefecture were present on the day of the event, and their makeup was quite different than in the past. Participants shared information about their work and exchanged opinions about support and collaboration.

Document 3: Earthquake Exchange, November 10, 2012



Later, in March 2013, an event with a similar purpose was held in Ishinomaki, and many participants, especially individuals involved in related work in the Ishinomaki area, attended. In FY 2013, the Exchange meeting is slated to take place in Kesenuma, Ishinomaki, and Sendai.

②. Regular Staff Training Sessions and Collaborations with Care Centers in Other Prefectures

The MDMHCC is composed of staff members from various localities and professions, as well as varying generations and backgrounds. Thus, in order to deepen our insight into disaster-related issues and to reaffirm our mutual awareness as an organization, we conduct staff training sessions (except in October and March). First, at the beginning of the year, we carry out a week-long new-hire training course; after this, we hold regular training sessions on the fourth Friday of every month.

In our staff training sessions, we have held discussions on topics intimately related to the disaster, implemented group work, and facilitated case study workshops. We have also concurrently arranged all-hands meetings for our organization, where staff members report the status of their communities and on the activities of their centers, and where we collectively discuss relevant issues.

Starting partway through FY 2012, we introduced a framework wherein we met with personnel from Disaster Mental Health Care Centers at Iwate and Fukushima and participated in each other's training workshops. As we took part in these learning experiences, we were able to exchange opinions about the issues we face and share information as Disaster Mental Health Care Center employees. Post-training social events and exchanges were also sometimes held, and our fellow workers in the same trade provided us with a great deal of encouragement. The fact that we are able to achieve this level of collaboration is one big advantage of having Disaster Mental Health Care Centers established in all three prefectures in the same FY.

(4) Community Resident Support

①. Day Camp

In July and October 2011, Tohoku Fukushi University hosted two-day-one-night camps for children and their families in Sendai. This project was a part of their support for disaster-affected areas and was implemented with “mitigation of child anxiety and stress through recreation and psychological education, as well as psychological education for adults” as its primary objective ¹⁾. In FY 2012, the MDMHCC took over this project, and the two new members of the Stem Center (the two new hires to the Planning Division) were put in charge of it. For FY 2012, we decided to run the project as a camp without any overnight stays, and prepared projects for children and parents to engage in separately as well as activities for everyone to take part in together (Document 4). In addition to the group activities of tent (tarp) pitching, imoni stew cooking, and recreation, we offered both a child-focused psychological education program, titled “Learning about the Heart (Koro-chan),” and a parent/guardian-focused program (consisting of mini-lectures, fascial release, hand massage, and private counseling). Many individuals who had taken part the previous year once again participated, and the results of a feedback survey we conducted were positive (Document 5). We are currently planning to hold this event in FY 2013 as well.

Document 4: Day Camp PR Poster



Document 5: Participant Feedback Survey (excerpt)

- Which program was the most fun for you? Select from below (multiple answers)
 - Orientation (exchanging business cards) – 2 people
 - Tent pitching – 7 people
 - Cooking imoni and preparing dessert – 10 people
 - Recreation (handheld tag) – 11 people
 - Learning about the Heart (Koro-chan) – 2 people
 - Other
 - Catching a frog – 1 person
 - Singing (Believe) – 1 person
 - Dragonfly catching – 1 person
- Please share your thoughts with us. Select from below (multiple answers)
 - I made a bunch of new friends – 9 people
 - I had fun playing with everyone – 15 people
 - I helped everyone clean-up – 6 people
 - I got to run around and get tired – 12 people
 - It was boring – 1 person
 - It was boring – 1 person It was boring – 1 person
 - Other
 - I'm glad I became friends with the adults that were there, too
 - Picking chestnuts was fun

(5) Support for Various Activities

①. Exchange and Collaboration with Support Activity Organizations

From around the middle of FY 2012, the Planning Division began to participate in networking sessions for civilian activity organizations, where we discussed the nature of collaboration with them. Even at the aforementioned Disaster Mental Health Care Exchange, we had these organizations report on their ideals, specific activities, and so on, and used these meetings as opportunities to broaden our network. Participants told us that even though many attendees belonged to organizations active in the same region as them, they knew very little about each other's work, and that the activities underway in other areas provided them with hints as to how to develop their own practices. Overall, the initiative was received positively.

Immediately after the disaster, numerous private support organizations worked to prop up affected regions and communities. However, as time passed, some of them finished their work and began to withdraw from the area. It is important that we understand the effects of this sort of organizational movement on the society of affected regions and that we work with one another to ensure that amidst this sort of change, community needs are not being forgotten or ignored. Further, good practices should cross geographical borders, be shared far and wide, and eventually be put to use in future support endeavors. We of the Planning Division feel that it is quite feasible for us to cooperate to make this level of information sharing possible.

(6) Research

①. Constructing a Statistical System

In an effort to clarify the achievements of the MDMHCC as a whole, the Planning Division is overseeing the development of an information system. Development began in April 2012; in July 2013, we plan to include information on community resident support, and in December 2013, we plan to include information on other project achievements.

②. Assisting with SWC surveys

In response to a request from the Miyagi Prefecture SWC, we administered a health survey of municipal SWC staff members. We worked with the Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry to implement a preliminary survey, and for post-survey follow-up, we enlisted the help of Community Support Divisions in each area.

4. Looking Forward to FY 2013

As the first year of full-scale operation of the MDMHCC, FY 2012 was truly a year of trial and error for the Planning Division; we constantly explored how to divide our duties with other divisions and how to fulfill our own obligations.

While the majority of the work of the Planning Division is done from within the walls of the Stem Center building, we oversee work done throughout the prefecture. For this reason, we maintain a very close relationship with the Community Support Division, the staff of which travel nearly daily to various communities and locations. The dynamic development of projects and programming, all while constantly collecting and collating information from communities, is perhaps one of the most salient characteristics of the work of the Planning Division.

The frequency with which we collaborate with external organizations is perhaps another salient feature. We collaborated with the Disaster Mental Health Care Centers at Iwate and Fukushima to participate in each other's training sessions, enabling interaction between our staff. We were also fortunate enough to receive a great deal of advice and help regarding issues we should focus on and activities we should seek to implement from the Hyogo and Niigata Disaster Mental Health Care Centers, both of which have much more activity experience than us. Finally, as we worked to respond to external propositions for support, donations, and so on, we were able to build relationships with a variety of support organizations.

The Planning Division stands between the Community Support Division, which is directly responsible for areas throughout the prefecture and which works closely on a daily basis with local residents, and the various support organizations and affiliated agencies that visit from outside the prefecture; we have worked to mediate between these groups over the past year. Our biggest task is determining how to effectively link support measures with prefectural needs. While much of our work constitutes background arrangements and preparations not reflected in official achievement totals, we

hope to use the internal and external relationships we have built up over the past year as a foundation for future activities that make full use of our strengths.

The MDMHCC is still in its infancy and comprises individuals from a variety of backgrounds and professions who have gathered together for a common purpose. We began with a question: “What duties should the organization, as a Disaster Mental Health Care Center, undertake?” and alongside careful and measured progress, we have repeatedly discussed and reaffirmed our ideologies. Our foundation as an organization is still anything but rock solid, and much of our time is spent in trial and error. Nevertheless, we believe that our experiences over this past year will serve as a foundation for our future efforts.

5. Conclusion

Ultimately, individuals from our senior sister organizations, the Hyogo and Niigata Disaster Mental Health Care Centers, have kindly watched over our trial-and-error efforts over the past year and lent considerable support. They have provided us with polite, appropriate advice on various aspects of the path to reconstruction based on their experiences during and after the Great Hanshin-Awaji and Niigata Chuetsu-Chuetsu-Oki earthquakes. I cannot express just how reassuring this support has been in the midst of this unpredictable time after an unprecedented disaster. I would like to take this opportunity to offer them my deepest thanks. In addition, I would like to thank the countless individuals whose support we have relied on over the past year.

Our practices today will serve as a source of encouragement for future disaster support efforts. I hope we can keep this fact in mind as we continue to value our daily support practices.

References

- 1) First session of the Children’s Future Camp, Project Report.