

The Initiatives of the Miyagi Disaster Mental Health Care Center

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

Two years have passed since the Great East Japan Earthquake. In Miyagi Prefecture, which was severely damaged by the earthquake, restoration and reconstruction efforts are progressing little by little, but the psychological distress of those affected by the disaster is still great, and the need for care remains pressing.

Under these circumstances, the MDMHCC is providing various types of mental care support for all residents of the affected prefectures.

[Support for Those Affected by the Disaster]

The MDMHCC has one Regional Center in Kesenuma City and one in Ishinomaki City, which were heavily damaged, and is active across a total of three Centers, including the Stem Center, which is in charge of other regions. At the Community Support Division of the Stem Center, which I belong to, every day, in cooperation with public health nurses and supporters in the town, I visit disaster areas in response to requests to provide mental care.

We are providing support to those affected by the disaster by visiting the temporary housing they currently live in and the private chartered housing that the prefecture has rented (so-called “designated temporary housing”). Specifically, based on the results of health surveys conducted by prefectures and local governments, we visit people whose mental health is believed to be in a concerning state. There, while listening to the details provided by the individual themselves, we determine whether specialized support is needed, and if necessary, we provide care by connecting this individual with an appropriate contact point or specialized agency.

Residents living in temporary housing may have various burdens because the houses they used to live in before the earthquake collapsed or were washed away by the tsunami. It’s not hard to imagine. In addition, I feel that a new stress is having a great impact on the mental health of the residents: one caused by changes in their living environment. For example, family relationships may deteriorate because of the narrowness of temporary housing, sounds from neighboring houses may be troublesome, and new human relationships may be formed. In addition, there are many people who do not know what kind of people live in the neighborhood, cannot communicate at all, and feel a disconnect between themselves and the original residents due to living in designated temporary housing.

It is unlikely that our visits and talks will alleviate all the problems and stresses associated with residents’ lives, but they do allow us to understand people’s mental state. The subsequently decided course of action regarding the provision of care can lead not only to individual recovery but also to the reconstruction of the town.

[Support for Supporters]

Another major pillar of our activities is support for those who are being supported. We hold training and case study meetings on mental care for local government employees, support staff and counselors who are involved in support in temporary housing, local welfare officers, care managers, and staff of private support groups. We are making efforts to expand our knowledge about support for those who have been affected. We are also actively working toward improving the mental care available to supporters. Although there are various differences in the positions of supporters, we have been providing aid since the beginning of the earthquake. In the process, supporters will naturally accumulate psychological and physical fatigue. However, from the standpoint of providing support, there are times when you do not notice the changes that are happening to you, or you continue to work excessively, saying, “I can’t just admit that I’m tired.” Considering that support will yet be needed for a long time, it is essential for the supporters to take proper rest. We are working through training so that supporters can deepen their understanding of the importance of their own mental health.

[From Now On]

From now on, the disaster area will be rejuvenated in accordance with the reconstruction plan. However, it seems unlikely that mental care will become any less important during this time. After all, targeted reconstruction of survivors’ lives is only just beginning, and this process is expected to bring its own difficulties. I think that the traditional idea of “mental care associated with the earthquake” will change to “mental care associated with reconstruction.”

Therefore, at the MDMHCC, as in the past, we will continue to support reconstruction efforts by visiting disaster areas every day and providing mental care to victims and supporters alike.

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