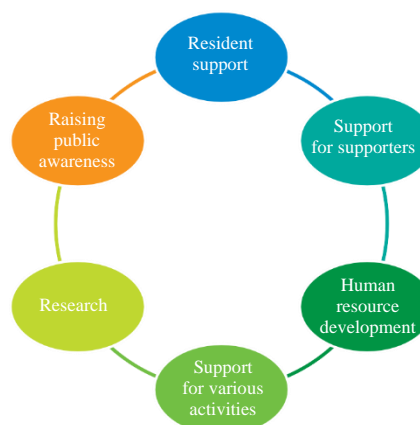


## FY 2013 Activity Report

### Regarding Our Projects

In FY 2013, the MDMHCC considered all prefectural residents psychologically affected by the Great East Japan Earthquake and all persons forced to evacuate Miyagi Prefecture targets for mental health care, and engaged in the six projects seen here (in accordance with the conditions in each region) to ensure that they would be able to return to life in their communities as soon as possible.



#### 1. Raising Public Awareness

We implemented a variety of initiatives designed to deepen understanding of mental health, including publication of a public relations (PR) magazine, information dissemination via our website, creation of public awareness pamphlets, training sessions/lectures, and so on.

##### (1) Publication of our PR Magazine

As we did in FY 2012, we published the “MDMHCC Pamphlet” thrice over the course of FY 2013 (July, October, and February) to inform people about our projects and to communicate the status of each region within the prefecture. Copies were distributed to around 500 locations of affiliated organizations throughout the prefecture. Newly in FY 2013, we decided to emphasize disseminating local information, such as introducing new earthquake-related organizations. In addition, a page for the PR magazine has been set up on our website, enabling it to be viewed at any time.

##### <PR Magazine Publication Status>

Volume 5 (published in July)	2,420
Volume 6 (published in October)	2,500
Volume 7/8 (published in February)	2,700

##### (2) Internet-based Public Awareness

In FY 2012, we created and began to manage a website aimed at widely sharing information about the MDMHCC and publicizing our activities, including training workshops and lecture sessions. In FY 2013, the site was accessed 17,464 times.

##### (3) Pamphlet Creation and Distribution

Since FY 2012, we have been creating and distributing pamphlets on topics of concern in the post-disaster period, including PTSD, alcohol abuse, and depression. In FY 2013, we reprinted materials on alcohol-related topics, and newly created and distributed pamphlets on dementia. We are currently distributing a total of 10 pamphlets.

##### <Inside the Prefecture>

MDMHCC Pamphlet (for Supporters) (reprint)	3,800
MDMHCC Pamphlet (for the General Public) (reprint)	3,000
“Symptoms and Illnesses Related to Alcohol Consumption” (reprint)	3,000
Dementia: Supporting Each Other (new)	21,000

##### <Kesenuma Area>

Mental Health and Communication Techniques for Public Service Employees	3,000
Pocket tissues (additional)	1,000

##### <Ishinomaki Area>

Mental health set (stress ball, health check card, tips for a lifestyle geared toward good mental health)	50 sets
Pocket tissues (additional)	2,000

(4) Public Awareness Training

In response to requests from municipalities and affiliated organizations, we conducted mental health workshops for community residents (general public/professional sector).

(5) Salon Activities

We cooperated in the implementation of salon activities for local residents, as well as with support groups and administrative agencies that implement such activities. Further, we entrusted several salon activities to the Miyagi Psychiatric Center.

(6) Information Disseminated Through the Media

Using the radio, newspapers, and so on, we carried out activities to communicate information about the MDMHCC's initiatives, mental health issues, and other topics.

(7) Co-hosting/Sponsorship Assistance for Events

- Co-hosting: 5 events
- Sponsorship: 1 event

<Public Awareness Activities>

	Item	No. of times	Partici-pants
(1)	Distribution of PR goods	8	
(2)	Homepage management/update/information	35	
(3)	PR training	52	1,769
	How the mind responds after a disaster	7	257
	About mental illness	10	148
	Basic listening techniques	2	43
	Addiction* <sup>1</sup> issues (alcohol, etc.)	4	88
	Effects of the disaster on children	1	100
	Stress and mental health care/self-care	12	340
	Physical health	8	177
	Workplace mental health	5	553
	Disaster area status and our activities	3	63
(4)	Salon activities	113	1,678
(5)	PR activities through the media	8	
	TV/Radio	4	
	Newspaper/magazines	3	
	Other	1	
(6)	Setting up a mental health counseling counter	35	
(7)	Presentations at conferences/professional associations	12	
(8)	Working with reporting agencies	15	
(9)	Working with observation requests	10	
(10)	Other	7	
	Total	295	3,447

\*<sup>1</sup> Addiction: In other words, a “bad habit.” It refers to dependence on substances, relationships, or activities like overeating, gambling, work, alcohol, and medicine use despite awareness of their repercussions.

2. Community Resident Support

We implemented projects aimed at preventing mental illness and promoting mental health among disaster-affected individuals.

(1) Counseling Support Provided at the Request of Residents, Municipalities, and Other Organizations

In response to requests from municipalities, various organizations involved in support activities in disaster-affected regions, and community residents themselves, we provided counseling support via home visitations, walk-ins, and telephone. [Appendix] Community Resident Support Activities

<Cases by Support Method>

Support Method	Cases
Visitation counseling	3,807
Walk-in counseling (including counseling counters, etc.)	880
Telephone counseling	1,310
Counseling during group activities	87
Case conference (with subject participation)	12
Checkup accompaniment	115
Other	25
Total	6,236

(2) Camp for Parents and Children from Disaster-Affected Regions

As we did in FY 2012, we implemented a day camp for elementary school children and their parents and guardians. In FY 2013, our objectives were mental and physical refreshment and mental health awareness. Twenty-six children and three guardians participated. The children took part in recreational activities and psychological education, while the parents/guardians participated in recreational activities like yoga and socialized.

3. Human Resource Development

We targeted specialists and professionals working in the field of mental health, as well as supporters, and carried out projects aimed at disseminating knowledge on a variety of topics and developing human resources.

In addition, we hosted various training sessions and dispatched lecturers to municipalities and other affiliated organizations.

(1) Organizing the Earthquake Exchange

In an effort to facilitate sharing of information between administrative staff, supporters, and other involved parties, we organized the “Disaster Mental Health Care Exchange.” We requested the various civilian organizations that had carried out multiple activities throughout the prefecture to submit activity reports, conducted lectures and group work with individuals active in advanced areas, and in FY 2013, organized this event in Sendai, Ishinomaki, and Kesenuma.

(2) Hosting a Media Conference

With the co-sponsorship of the National Center of Neurology and Psychiatry, Institute of Mental Health, Suicide Prevention Comprehensive Measures Center, we conducted this conference with the aim of gaining knowledge of mental health and suicide prevention from the mass media and deepening mutual understanding between the mass media and the mental health field. In 2013, we exchanged opinions on the theme of “suicide prevention in disaster areas.”

(3) Training Workshops on Disaster-Related Topics

In an effort to assist in the acquisition of the knowledge and techniques needed to respond to disaster-related issues and in the building of professional networks, we organized training workshops on a variety of themes.

(4) Addiction-Related Training, Including Alcohol

- One of the projects we entrusted to the Tohokukai Hospital, which has a specialized alcoholism ward, was the conducting of week-long training courses once per month for our staff and the staff of coastal psychiatric hospitals. Additionally, we dispatched Tohokukai Hospital staff to various areas and had them carry out training sessions for supporters.
- We also entrusted a project to the Japan Alcohol-Related Social Workers’ Association (JASWA) and had them dispatch psychiatric social workers to Ishinomaki and hold training sessions for supporters.

(5) Training Sessions on Mental Health, Suicide, Mental Illness, Etc.

We implemented lectures and case study sessions about workplace mental health and the importance of self-care for supporters, who bear a variety of different burdens.

(6) Disaster-Area Status and the Work of the Center

We conducted lectures and training sessions on the status of disaster areas throughout Miyagi and the activities of this Center.

(7) Co-hosting/Sponsorship Assistance for Events

- Co-hosting: 5 events
- Sponsorship: 6 events

<Human Resource Development Projects>

	Item	No. of	Participants
(1)	Earthquake Exchange	3	221
(2)	Media conferences	1	24
(3)	Addiction-related issues	26	583
	About alcohol	25	544
	About other addictions	1	39
(4)	Support technical training	54	1,123
	About listening	28	525
	Stress and mental health care/self-care	12	433
	Other	14	165
(5)	Supporter mental health training	10	339
(6)	Workplace mental health training	9	456
(7)	Child mental health training	6	468
(8)	About elderly mental health	1	10
(9)	Training on problems related to suicide countermeasures	11	558
(10)	About mental illness and disability	8	306
(11)	Disaster-area status and the work of the center	7	251
(12)	Case study	12	169
(13)	Other	19	997
	Total	167	5,505

4. Support for Supporters

We carried out support for supporters, including dispatching specialists to municipalities, providing specialist advice and guidance, and hosting counseling sessions.

(1) Placement of Specialists in Municipalities (Transfer)

In response to requests from local governments, specialists were dispatched to municipalities as transfer employees. Transfer staff were stationed in the city or town to provide professional and technical support for mental care and worked to reduce the workload of the person in charge. Their activities were quite varied in nature, such as cooperation in and continuous response after health surveys; individual support through visits and calls; and support for projects related to disaster survivors' mental health care.

Transfer	Profession/No. of Staff/Activity Period
Kesenuma	Psychiatric social worker: 1 (5 days per week)
	Clinical psychologist: 1 (5 days per week) June–August 2013
Ishinomaki	Occupational therapist: 1 (4 days per week)
Higashi-matsushima	Psychiatric social worker: 2 (5 days per week)
	Clinical psychologist: 1 (5 days per week)
Onagawa	Psychiatric social worker: 2 (5 days per week)
Shiogama	Psychiatric social worker: 1 (5 days per week) July 2013 onward
Natori	Psychiatric social worker: 1 (5 days per week) June 2013 onward
Iwanuma	Nurse: 1 (5 days per week)
Ishinomaki Public Health Center	Nurse: 1 (5 days per week)

※ Unless otherwise indicated, transfer periods were from April 2013 to March 2014.

## (2) Specialist Advice

We dispatched specialists and asked them to offer supporters specialized advice/guidance on mental health care, assist them with projects, and generally provide mental health-related support.

<Support Content and Number of Events>

Item	No. of times	Participants
Post-visitation/interview reports	189	357
Specialist advice and guidance (alcohol problems)	129	320
Specialist advice and guidance (gambling problems)	2	5
Specialist advice and guidance (drug problems)	1	4
Specialist advice and guidance (depression)	125	359
Specialist advice and guidance (complex grief)	10	24
Specialist advice and guidance (PTSD)	18	60
Specialist advice and guidance (abuse)	36	123
Specialist advice and guidance (other)	326	1,003
Working on community issues	75	390
Working on workplace mental health care	182	334
Attending case conferences (without the subjects present)	226	1,008
Establishing mental health counseling counters, etc.	38	44
Checkup support	68	678
Administrative support	391	513
Other	108	503
Total	1,924	5,725

5. Support for Various Activities

We collaborated with organizations active in the prefecture, such as municipalities, Public Health Centers, various types of support organizations, and survivor organizations, to implement projects to aid their initiatives.

(1) Supporting Collaboration Between Civilian Activity Organizations

We assisted civilian activity organizations in holding information exchange meetings and managing their affairs.

- Support for the bereaved: Wakachiai no Kai (Sendai Grief Care Research Association), seven times
- Miyagi Prefectural Psychiatric Nursing Research Association implementation support, “Kokoro no Hi” event activity support (Japan Psychiatric Nursing Technology Association Miyagi Chapter), one time each
- Alcoholics Anonymous (AA)\*2 Ojika open meeting, one time
- Iwanuma Satonomori temporary housing residents’ Satonomori playground event, one time
- Other, two times

\*2 AA: A self-help group for individuals with drinking problems who wish to achieve sobriety.

6. Research (Reprint)

We administered surveys and conducted research projects to better understand the situation in disaster-affected regions and among disaster-affected persons.

(1) Implemented Projects

Project	Content
Health survey for municipal staff	At the request of the municipality, we conducted a health survey of municipal employees in Kesennuma. Subsequent follow-up and data analysis were carried out in collaboration with the Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry, and the Kesennuma Regional Center.
Health survey for municipal Social Welfare Council (SWC) staff	At the request of the Miyagi Prefecture SWC, we conducted a health survey of the staff of five municipal SWCs (Kesennuma City, Minamisanriku Town, Ishinomaki City, Onagawa Town, Sendai City). Subsequent follow-up and data analysis were carried out in collaboration with the Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry and each Regional Center.
Stem Center Regional Support Division	In order to carry out a survey useful for effective support, we searched the literature and examined the research content.
Development of a statistical system	Continuing from FY 2012, we developed a statistical system to consolidate business reports, clarify overall performance, and identify local needs and necessary support.
Publication of our bulletin	We published 1,000 copies of Bulletin No. 1 (FY 2012) as a report on the activities of this Center and distributed it to about 700 related organizations.

(2) Collaborative Research

Research Content	Contribution
“Research on mental support for children after a disaster” (Principal investigator: Takashi Igarashi, Director, National Center for Child Health and Development)	“Study on psychological education for trauma recovery in children after a disaster.”
“Study that contributes to grasping information on mental disorders in the disaster area, verifying the effect of intervention, and improving intervention methods” (Representative researcher: Yoshiharu Kin, Director, Adult Mental Health Research Department, National Center of Neurology and Psychiatry).	“Activity analysis of the MDMHCC” (contributing researcher: Kazunori Matsumoto, Associate Professor, Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry).



(3) Presentations at Academic Conferences, Etc.

Conference	Content
“Practical Report after the Great East Japan Earthquake” 38th Japan Psychiatric Nursing Academic Meeting	A poster presentation reporting on “the activities of the Miyagi Disaster Mental Health Care Center”.
“Study on Psychological Education for Children’s Recovery from Trauma After Disaster” International Symposium	A poster presentation as part of the results of the Igarashi group’s “Research on Mental Support for Children After a Disaster” project.
109th Japan Pediatric Psychiatry and Neurology Society	Special lecture: “About Children in Disaster Areas.”
3rd Asia-Pacific Developmental Disability Society	Participated as a symposiast.
31st Japanese Society of Pediatric Psychosomatic Medicine	Participated as a symposiast and chair (theme: “Supporting Children’s Mental Health in the Event of a Disaster”).
77th Japan Psychological Association	Participated as a symposiast and provided topics (theme: “Middle School Suicide Prevention Education Program: GRIP”).
54th Annual Meeting of the Japanese Society of Child Psychiatry and Neuroscience	Participated in the joint symposium and provided topics (theme: “Interventions for Mental Health and Wellbeing for Traumatized Children and Adolescents”).
Kansai Alcohol-Related Problems Society	Presented a report during subcommittee meetings (theme: “The Disaster and Alcohol”).
“Study on Psychoeducation for Children in Tsunami-Stricken Areas” International Symposium	Participated in the international symposium titled “Disasters and Child Mental Health” as a symposiast and provided topics.
7th Psychoeducation/Family Education Network	Participated as a symposiast and provided topics (theme: “Where Is Psychoeducation Headed?”).
Japan Society for Public Health Symposium “Sharing Reconstruction Activities in the Third Year After the Great East Japan Earthquake”	Participated as a symposiast and coordinator (theme: “Current Status of and Issues in Child Mental Health”).

#### (4) Assistance with Surveys/Research

Survey/Research	Content
Tohoku Fukushi University Research Project Cooperation (two days)	Research on the mental health of supporters in disaster areas (Professor Sumio Watanabe). After sandplay therapy, we conducted interviews.
Psychological First Aid (PFA) Study Group	Participated in an opinion exchange meeting where stakeholders gathered to cooperate in research on the dissemination of the World Health Organization version of PFA.
Cooperation with research conducted by Professor Ken Masame, Faculty of Nursing, Miyagi University	In order to summarize the hearing results in the disaster area in the Great East Japan Earthquake Life Reconstruction Project, we provided information on regional issues together with a public health nurse from Kesenuma City.
Ministry of Health, Labour, and Welfare Science Special Research Project (representative researcher: Professor Hiroe Tsubaki, Institute of Statistical Mathematics)	Participated in a panel discussion (discussion meeting) on “International and Interdisciplinary Examinations for the Development of Suicide Countermeasures Based on the Review of the Comprehensive Suicide Countermeasures Charter.”

#### 7. Other Activities

##### (1) All-Hands Meeting/Training

In an effort to share our experiences, thoughts, and feelings about our work; collectively learn new skills; and preserve staff mental health, we held a total of six all-hands staff meeting/training sessions, on the fourth Friday of every other month (May, July, September, November, January, March).

##### (2) Tri-Prefectural Disaster Mental Health Care Center Staff Training, Etc.

In an effort to allow the staff of the Miyagi, Fukushima, and Iwate Disaster Mental Health Care Centers, all established in the wake of the Great East Japan Earthquake, to socialize and share information, we conducted training workshops, study sessions, and more.

- Tri-Prefectural Disaster Mental Health Care Center Staff Joint Training
- Tri-Prefectural Disaster Mental Health Care Center Networking Conference
- “Postvention After Suicides” Miyagi/Fukushima Joint Study Session

[Community Resident Support Activity Report]

1. Counseling Cases

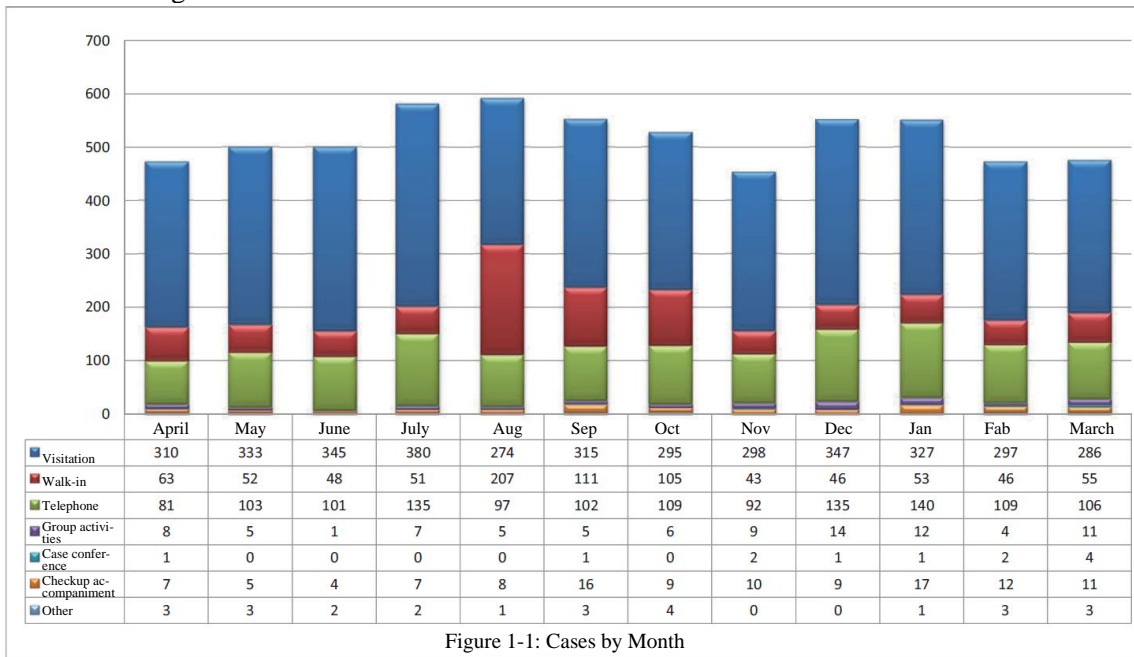


Figure 1-1: Cases by Month

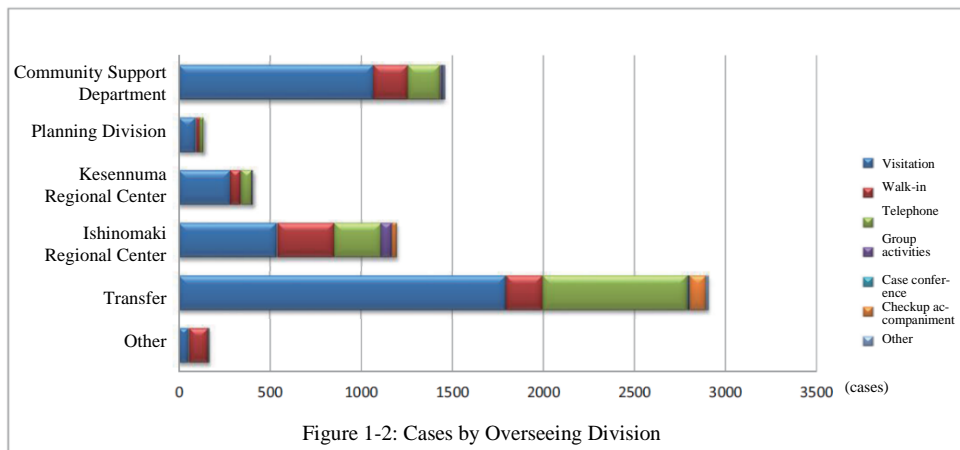


Figure 1-2: Cases by Overseeing Division

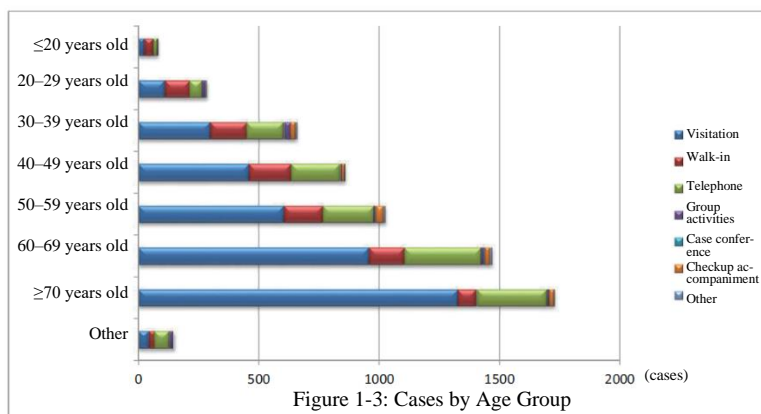
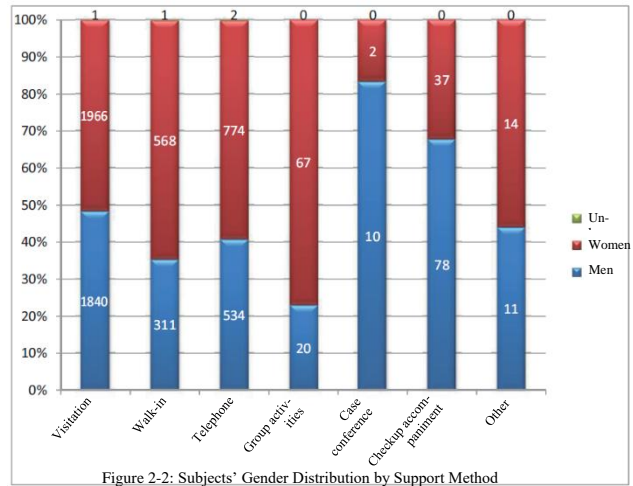
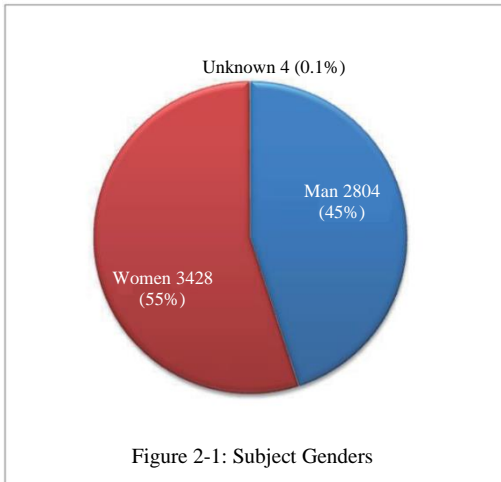


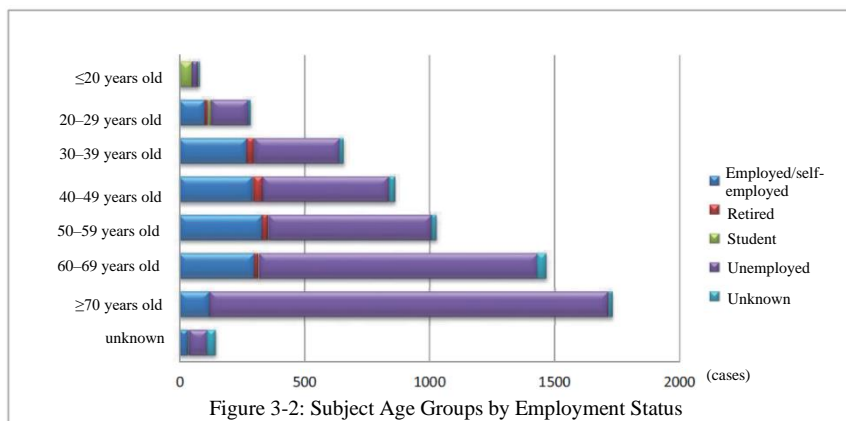
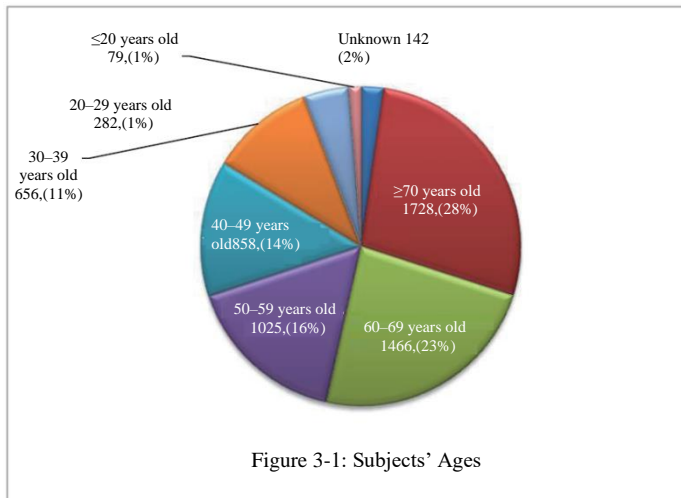
Figure 1-3: Cases by Age Group

## 2. Subject Characteristics

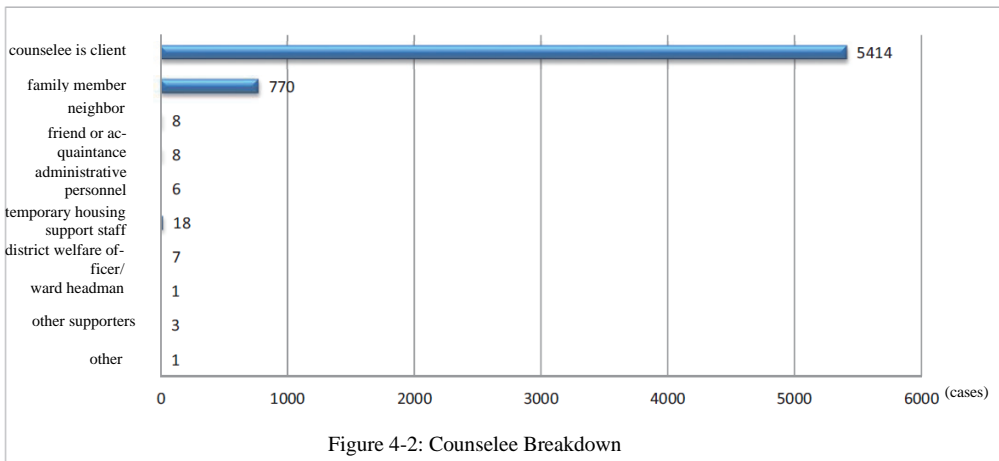
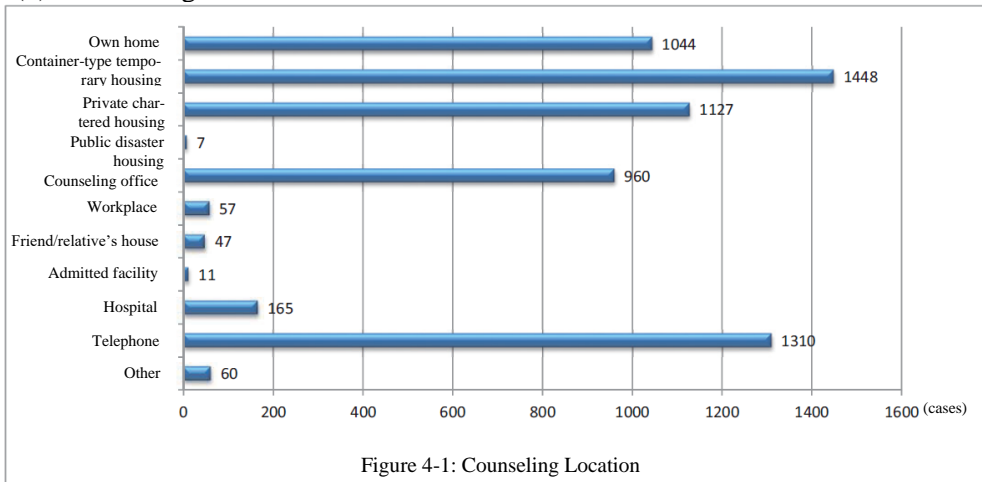
### (1) Subjects' Gender Distribution



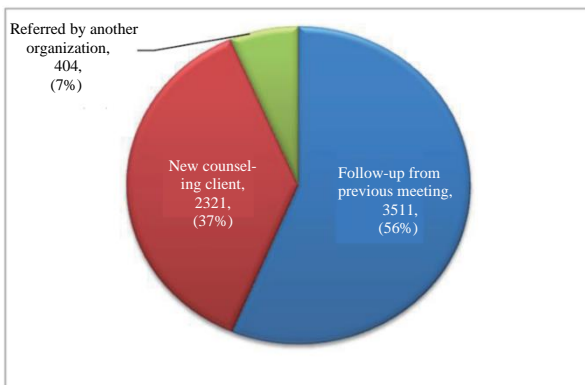
### (2) Subjects' Ages



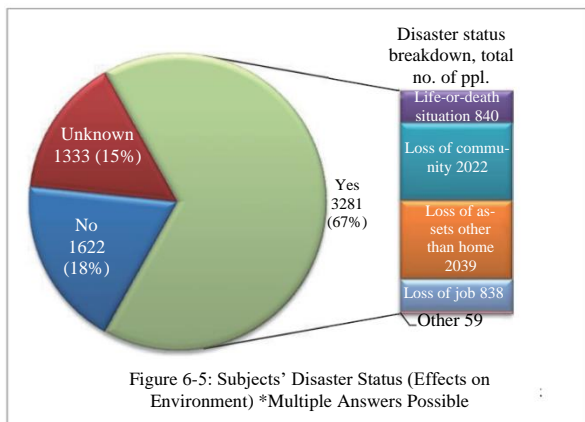
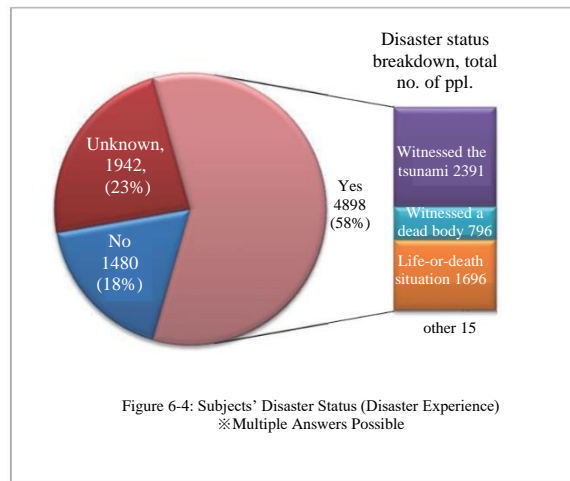
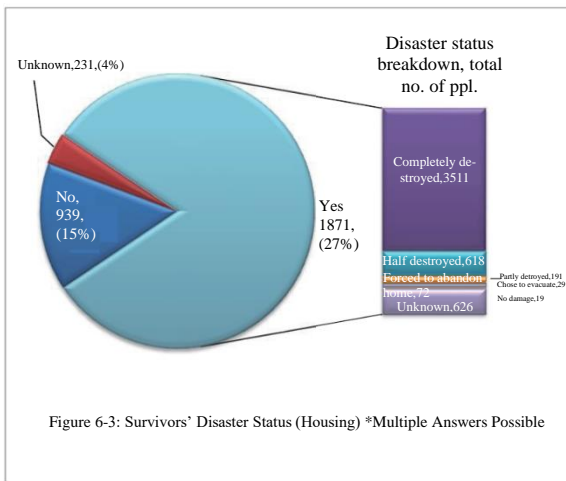
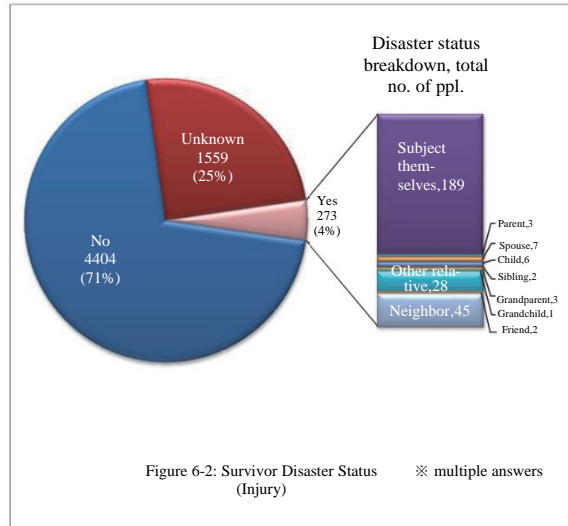
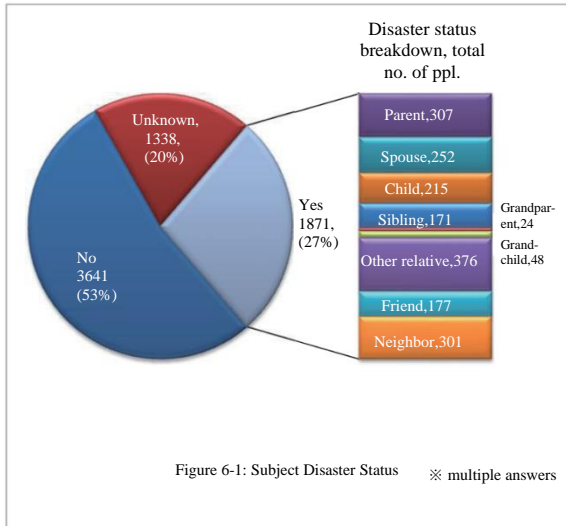
### (3) Counseling Location/Counselee



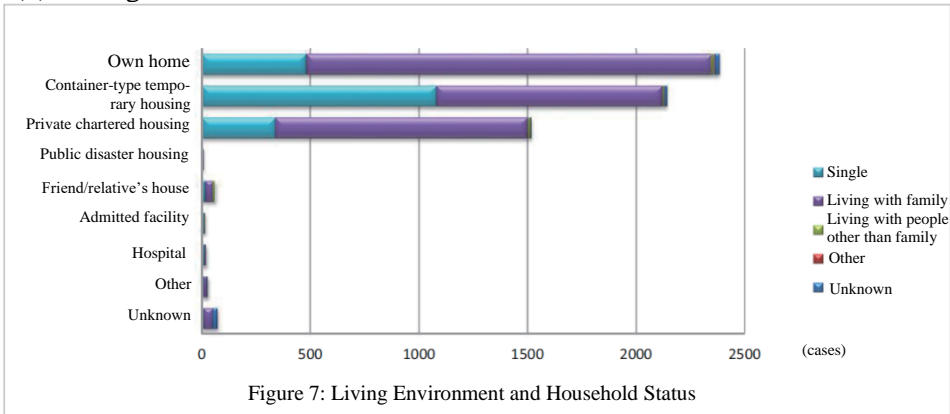
### (4) Subjects' Support Status



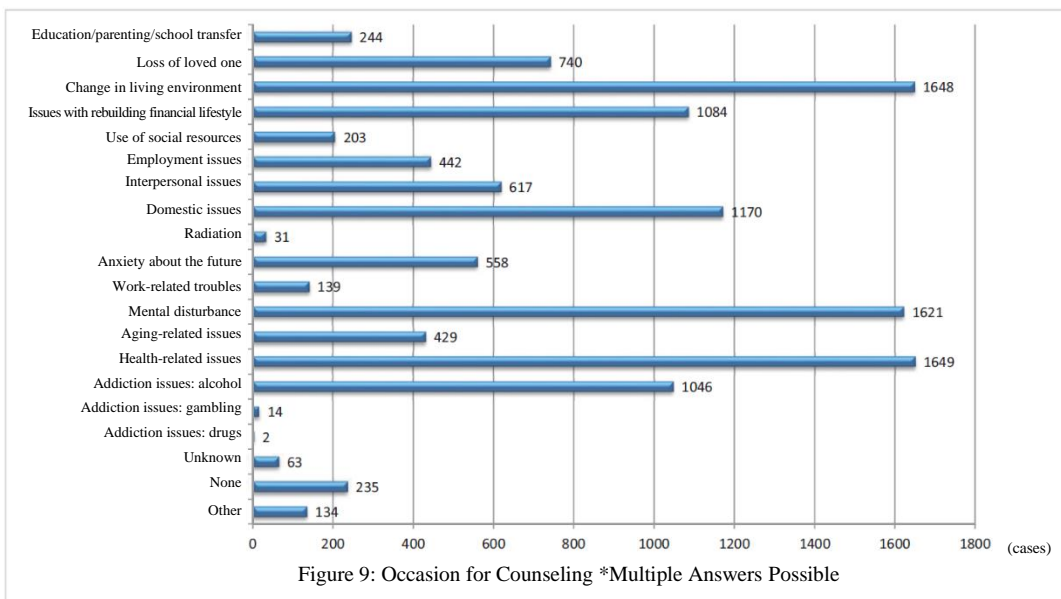
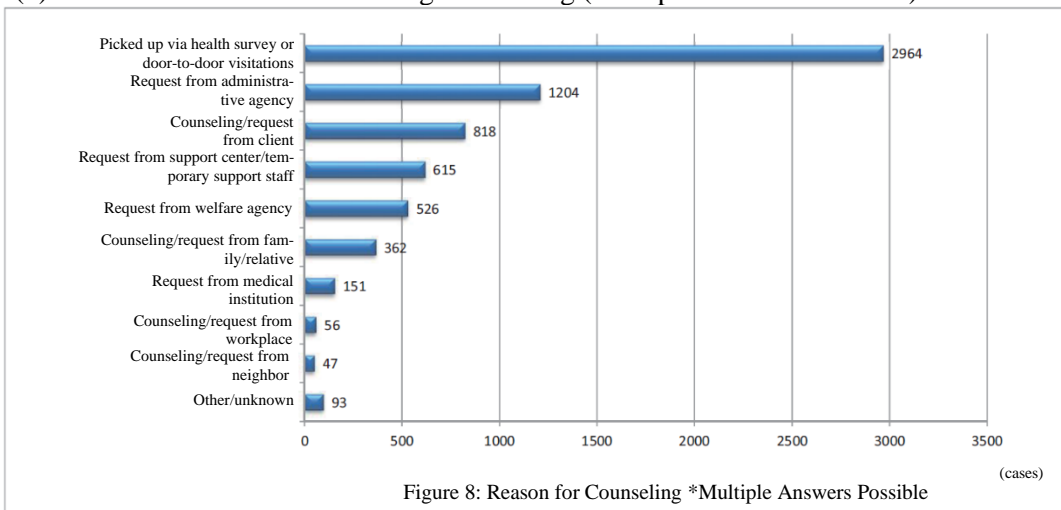
(5) Subjects' Disaster Status (Multiple Answers Possible)



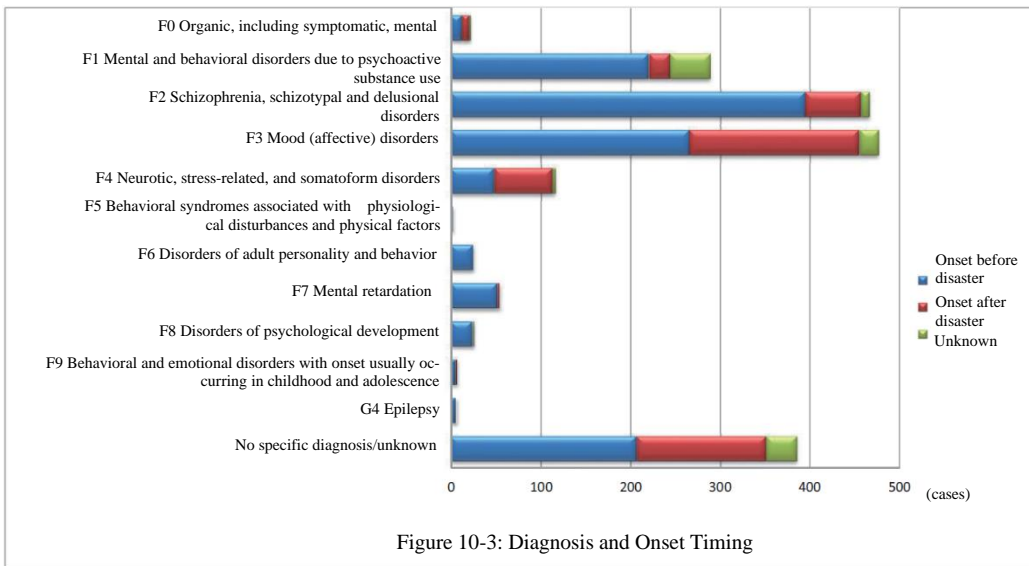
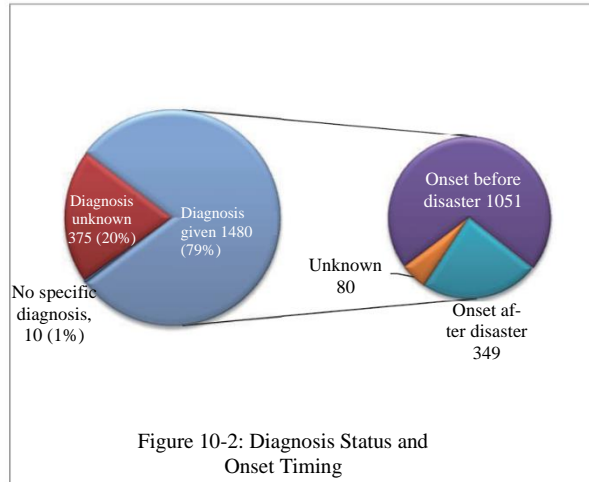
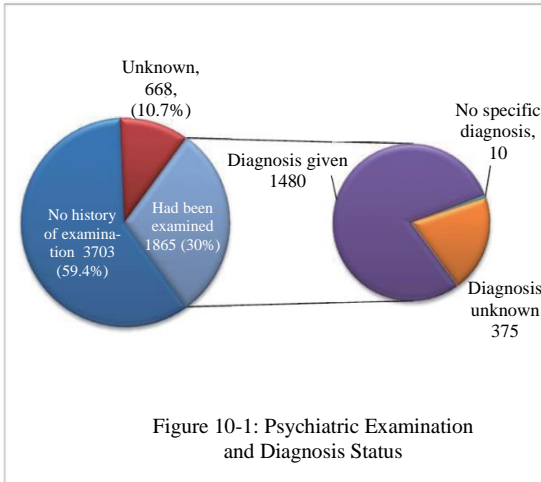
(6) Living Environment and Household Status



(7) Reason/Occasion for Receiving Counseling (Multiple Answers Possible)



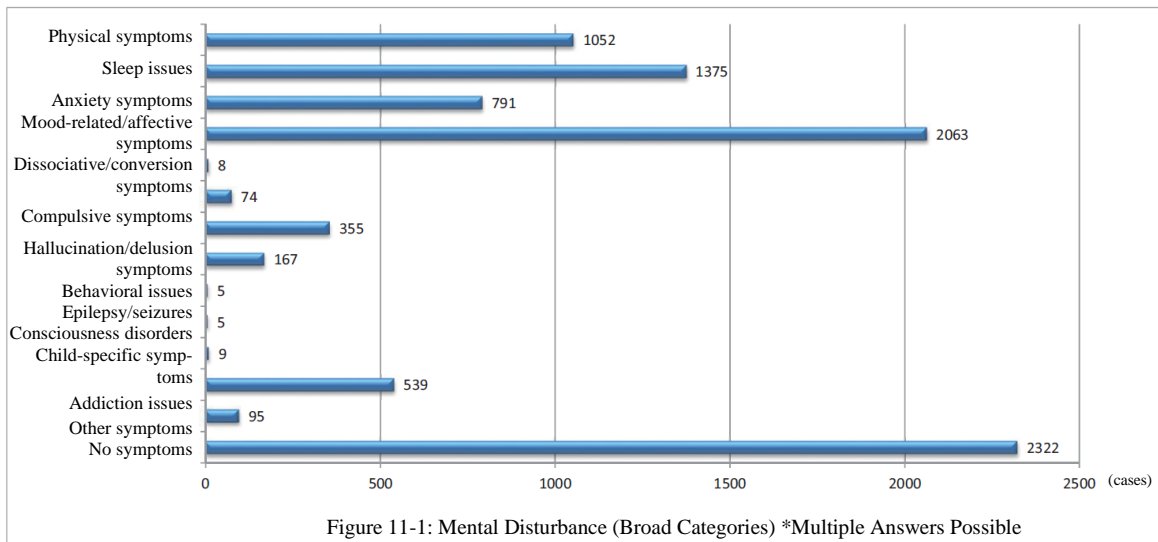
(8) Psychiatric Examination Status/Diagnosis



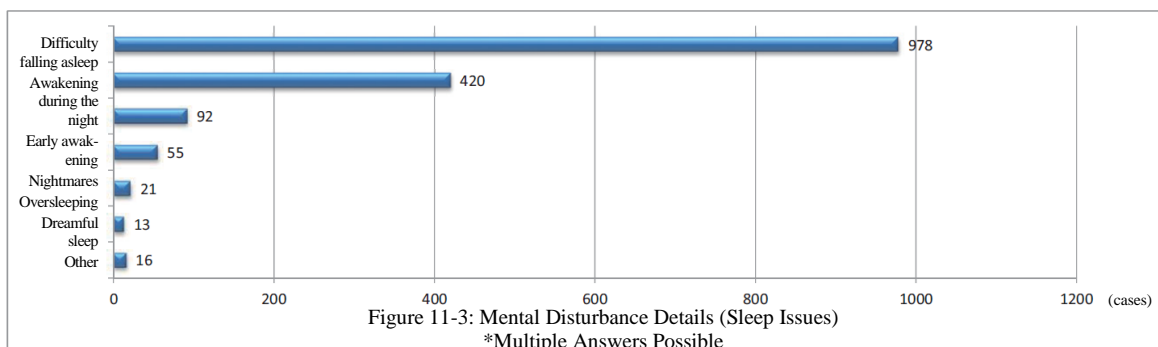
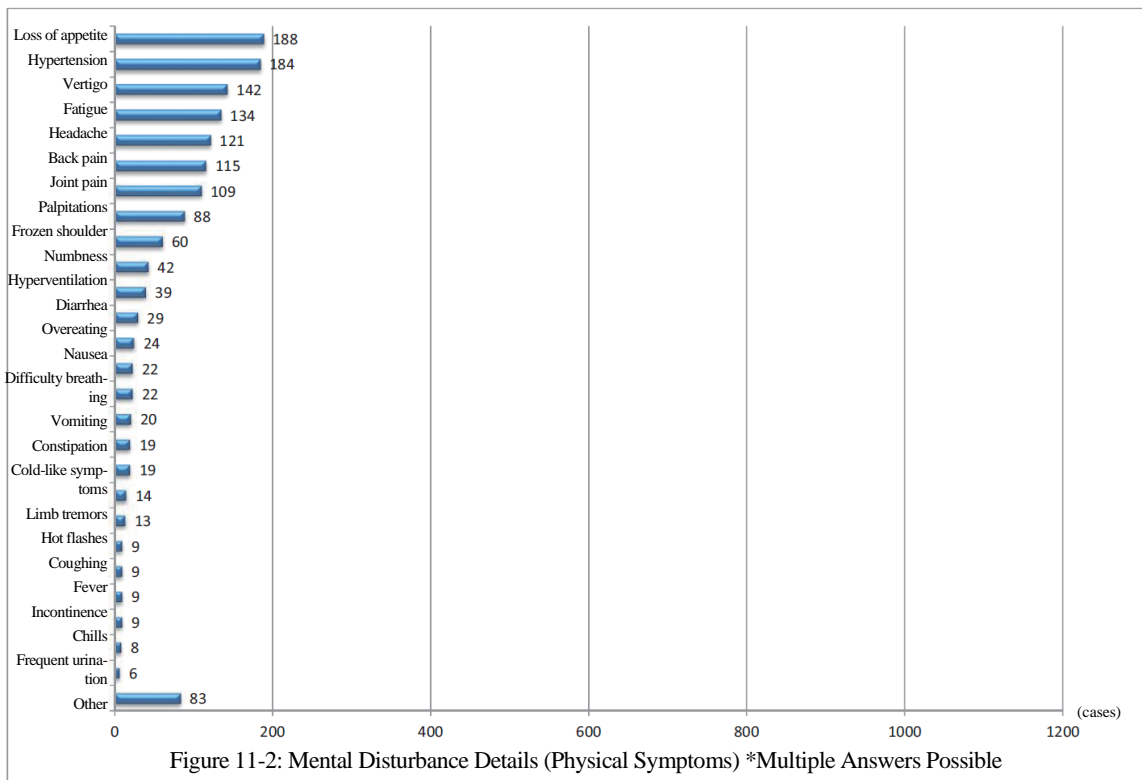


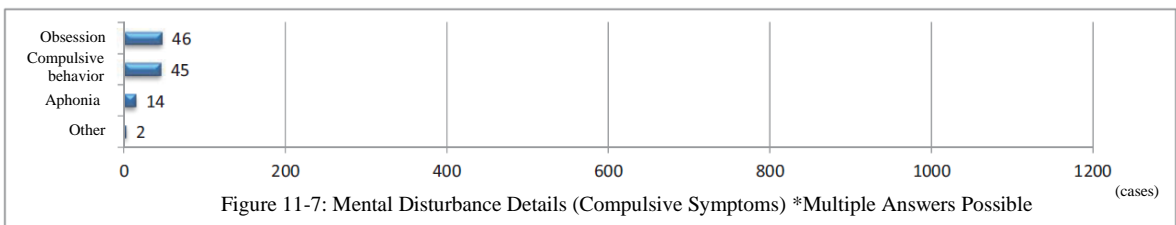
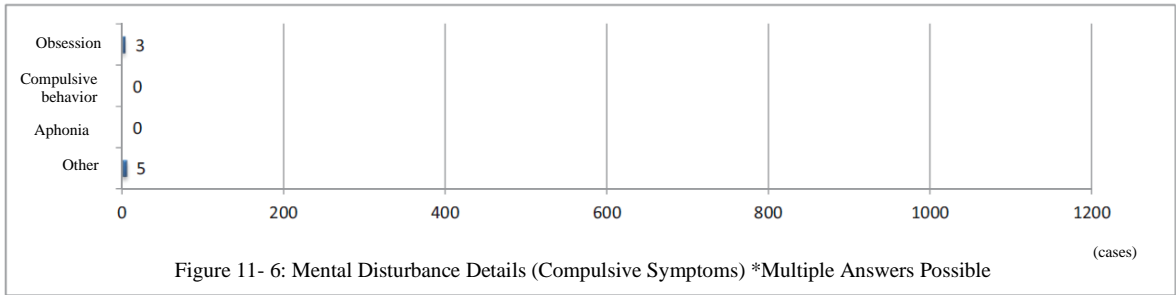
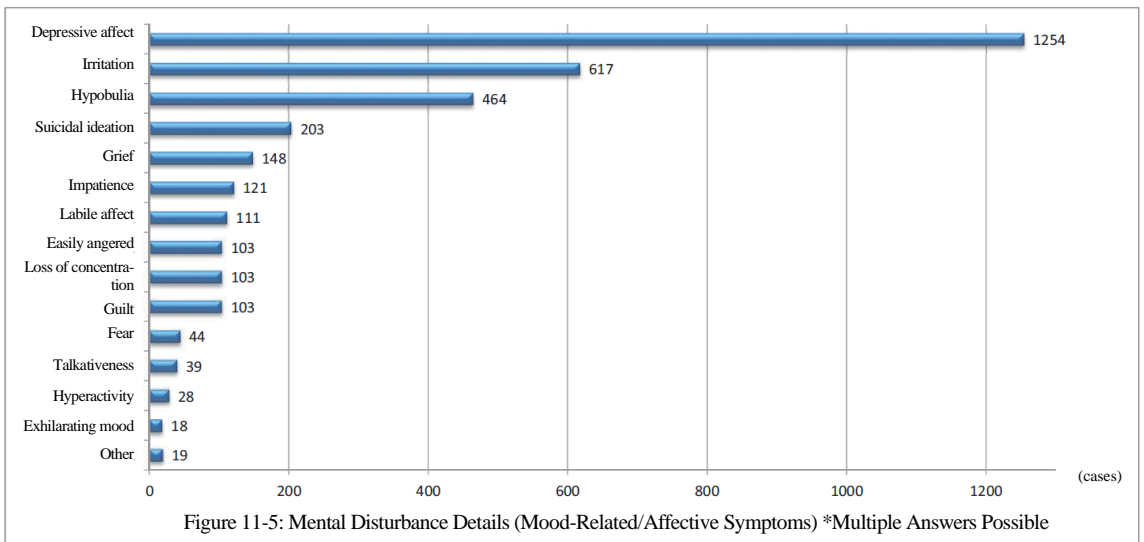
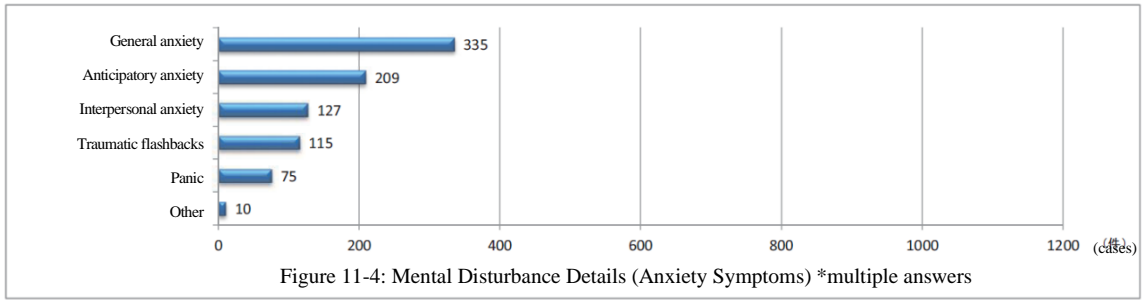
(9) Mental Disturbances (Multiple Answers Possible)

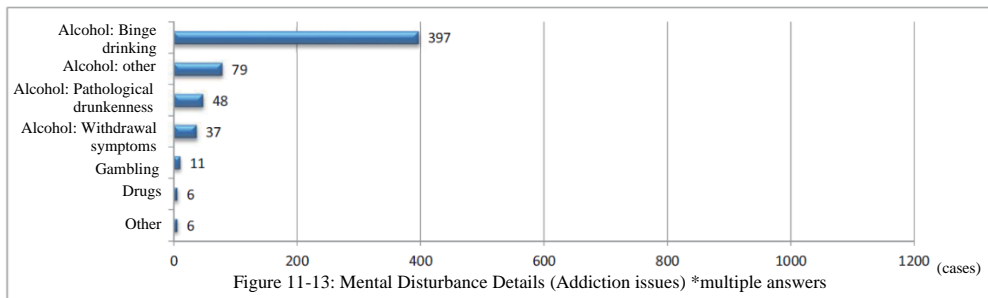
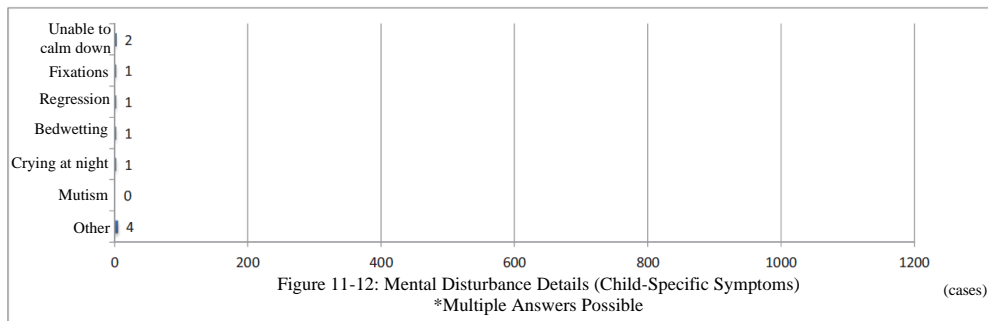
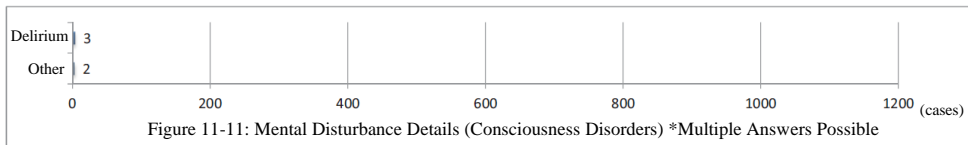
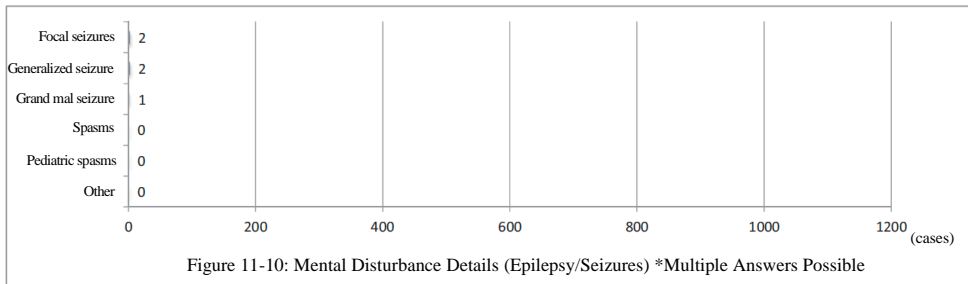
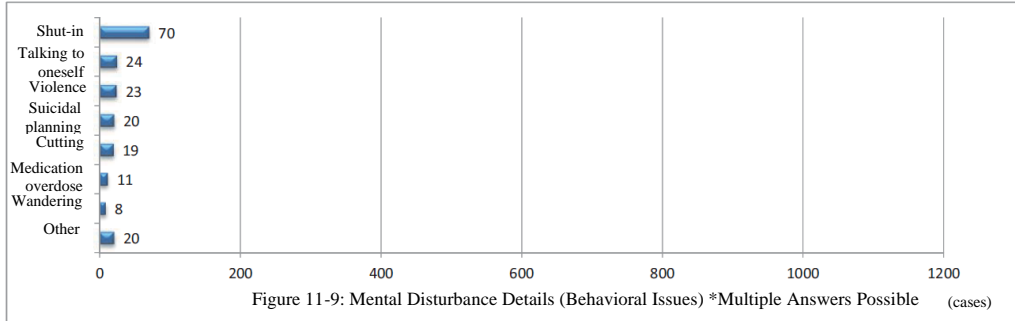
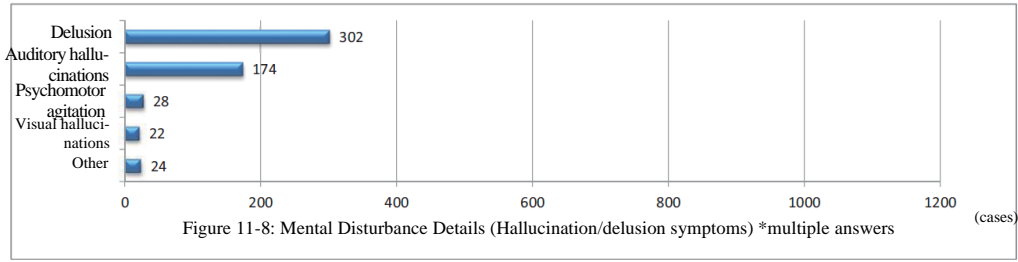
① Mental Disturbance (Broad Categories)



② Mental Disturbance (Sub Categories)







(10) Response Status, Continuing Support, Etc.

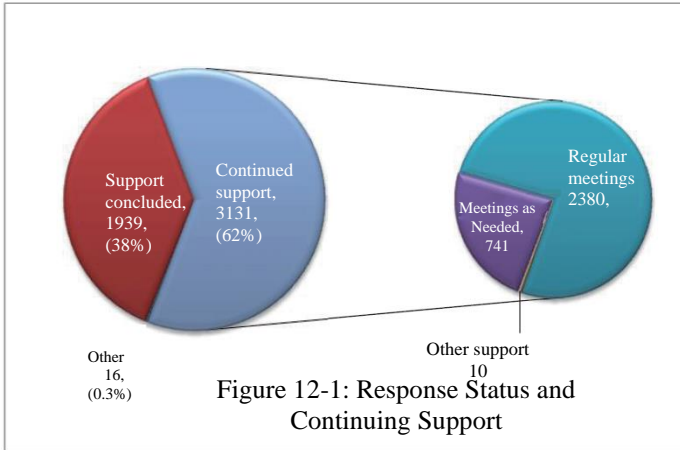


Figure 12-1: Response Status and Continuing Support

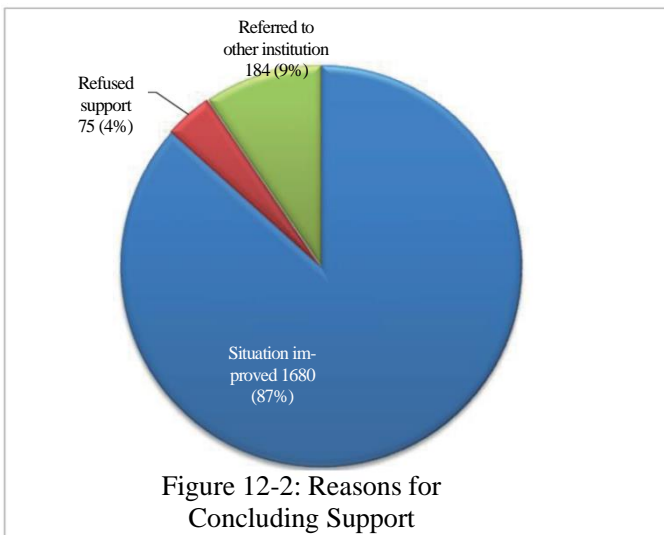


Figure 12-2: Reasons for Concluding Support

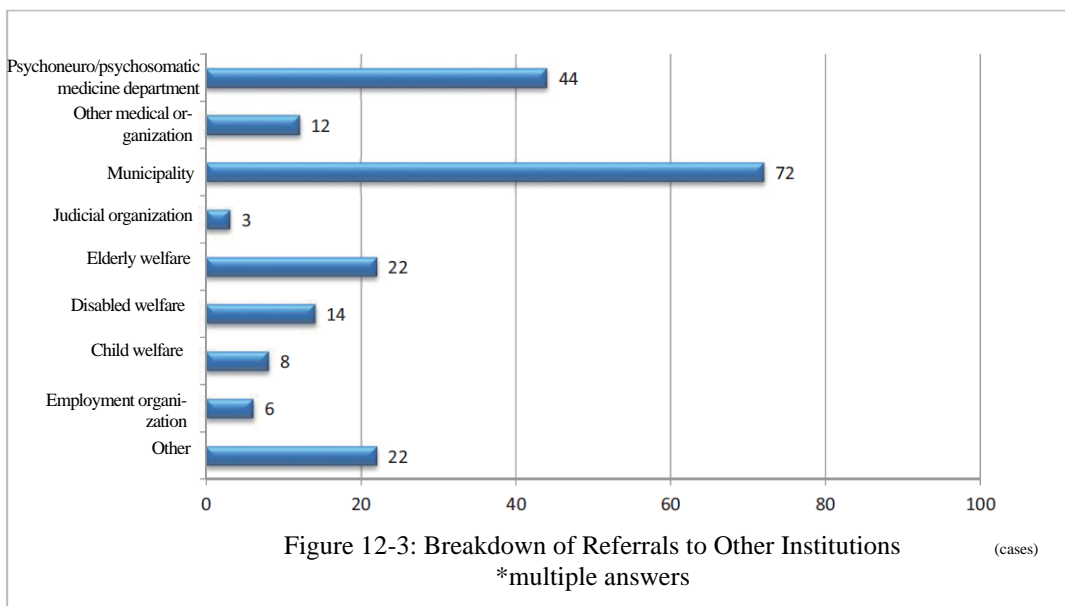


Figure 12-3: Breakdown of Referrals to Other Institutions  
\*multiple answers