

Department Initiatives

Kesennuma Regional Center, Community
Support Division

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1. Introduction

Three years have passed since the Great East Japan Earthquake. Removal and processing of rubble has come a long way, and the ground level in flooded urban areas has been raised and leveled.

In addition, the construction of seawalls and river embankments and the development of transportation networks such as the Sanriku Expressway is also underway. However, city construction plans envision separate residential and commercial/industrial areas and leave little room for the

Municipality	Emergency Temporary			Private		Total	
	Complexes	Tenants	Occupied	Tenants	Occupied	Tenants	Occupied
As of 3/31/2014							
Kesenuma	93	6,631	2,974	2,731	1,017	9,362	3,991
Minamisanriku	58	5,245	1,980	120	35	5,365	2,100
Miyagi	406	42,310	18,596	40,182	16,417	83,122	35,013

*Created using data from Miyagi Prefecture website: Emergency temporary housing (container-type) provision and relocation status,

imagination of a new townscape or livelihoods. In the Kesenuma area (Kesenuma/Minamisanriku), approximately 15,000 people still have no choice but to live in container-type temporary housing and similar accommodation. Public disaster housing construction has only just begun, and it appears that it will take several years before the last few tenants are able to move into those units. The fishing and seafood processing industries are only halfway rebuilt, and stable employment is still a rare commodity. Jobs and housing are simply not available in abundance, and a stable life remains a dream for many.

2. Looking Back at Our FY 2013 Activities

The Kesenuma Regional Center (hereafter, “Center”) has, in its work, focused on providing cooperation and advice to supporters. Therefore, our first-year efforts focused on building relationships with people involved in support. Subsequently, in our second year, our goal was to carefully continue our progress while increasing our opportunities to collaborate with cities and towns. The Center’s activities for the second year are described below.

(1) Raising Public Awareness

We published a column called “the Sanriku Heart Tsushin” in the Sanriku Shimpo newspaper (July 2013–February 2014). Beyond the direct issues of anxiety, fear, and other mood disturbances caused by individuals’ disaster experiences, we wrote articles on a broad array of topics related to mental and physical health, alternating authorship with the Kesenuma Public Health Center. The goal of this column was to provide information to community residents and to let them know about counseling counters and points of contact near them. As a local newspaper, the Sanriku Shimpo holds considerable influence, and our column led to individual counseling cases and requests for training.

Further, we used a blog to spread local information and details about our activities in the Kesenuma area. In response to requests from affiliated organizations, we dispatched lecturers to training workshops and lecture sessions and arranged lectures on mental health topics. We also created and distributed pamphlets on disaster mental health and self-care for working persons to the affiliated organizations. These and other activities made up our public awareness efforts.

(2) Community Resident Support

Support for local residents was overwhelmingly requested by local public health nurses and support groups, but there were quite a few cases of direct visits to our Center and consultations over the phone. The characteristics of the cities and towns were as follows.

① Kesenuma

Based on the results of the Private Chartered Housing Tenants Health Survey (December 2012–January 2013) and the Emergency Temporary Housing (Container-Type) Tenants Health Survey (September–October 2013) conducted by Kesenuma City and Miyagi Prefecture, we provided follow-up support, including working with high-risk individuals and providing caregiver counseling during infant health checkups. In addition, we confirmed the status of and provided continued support to cases whose progress after the involvement of mental health care teams was unclear.

② Minamisanriku

Our primary work consisted of responses to cases requested by public health nurses, and while the number of cases we worked with was low, several required continued visitation. In terms of follow-ups for private chartered housing/container-type temporary housing tenants, we primarily worked with disaster-affected town staff or individuals for whom a variety of factors made the involvement of town public nurses difficult.

(3) Human Resource Development

① Earthquake Mental Health Care Exchange Meeting Miyagi

The “5th Earthquake Mental Health Care Exchange Meeting Miyagi in Kesenuma” was held for the purpose of sharing information, exchanging opinions, creating networks, and fostering fellowship among supporters working in Kesenuma City and Minamisanriku Town. There were 80 participants, and the responses to the questionnaire (44 people) showed that attendees were highly satisfied with the lectures and subcommittees.

② Supporter Training

In response to requests from supporters, training was conducted on various themes such as alcohol-related problems, mental health of supporters, and suicide prevention.

(4) Support for Supporters

① Kesenuma

a. Placement of Specialists in Municipalities (Transfer)

Psychiatric social workers and clinical psychologists were dispatched to the Health Promotion Division of Kesenuma City. By taking on part of the city’s business, including visitation support to high-risk individuals identified via resident health surveys conducted in private chartered and container-type temporary housing, mental health counseling via walk-ins and over the phone, caregiver counseling during infant health checkups, status confirmation for children who had failed to receive checkups, support for foreigners and mothers who had divorced their husbands owing to domestic violence, and hosting of the “Koko Café” (Exchange Salon Project), they aimed to lighten the burden placed on public health nurses.

b. Project Assistance

[Resident Health Survey Follow-Ups]

Follow-up support provided on the basis of the results of surveys of private chartered housing/container-type temporary housing tenants was split between the Kesenuma City Health Promotion Division, Kesenuma Public Health Center, and this Center. High-risk individuals were those with K6 scores ≥ 13 points (corresponding to severe mental illness), those who “began drinking during the day,” those with “terminated medical care,” and “elderly individuals living alone.” This Center was placed in charge of follow-ups for 29 tenants of private chartered housing and 25 tenants of container-type temporary housing, and we confirmed these individuals’ status via phone calls and visitations. Afterward, we were tasked with providing continued support for seven tenants of private chartered housing and five of container-type temporary housing.

Additionally, we continued to provide follow-up support for three individuals identified in the FY 2011 Private Chartered Housing Health Survey, for whom the impact of the earthquake appears to be long-term.

[Caregiver Counseling During Infant Health Checkups]

Until 2012, a clinical psychologist was assigned to handle three-year-old child medical checkups as a prefectural project. However, this placement was no longer in effect starting in 2013; thus, we provided consultations to caregivers regarding the growth and development of children. The content of these counseling sessions was diverse, and included family relationships, financial problems, marital relationships, and child discipline; in many cases, several problems were combined. If a single consultation was not enough, we responded in cooperation with the Health Center. There are many items tested during health checkups of three-year-old children, and as these tests needed to proceed safely and smoothly, the free participation of Center staff allowed us to keep an eye on the movement of children in the waiting room as a group, to watch individual mother-child relationships, and to observe maternal facial expressions, enabling us to reduce the number of cases of concern that went overlooked. We were able to provide on-the-spot consultation to parents who requested it, which we believe led to the enhancement of the medical examinations.

In addition, we participated in individual conferences after the event and provided advice to medical examination staff regarding understanding children's behavior and support parents. The placement of clinical psychologists at this Center has increased the sense of security of the public health nurses in charge, and as the practice of post-checkup conferences continues, it seems that the skills of the medical examination staff have improved.

[Koko Café (exchange salon project) Assistance]

The Koko Cafe was implemented by Kesenuma City as a part of the Exchange Salon Project for residents of private chartered housing, who are harder to reach than residents of container-type temporary housing. With the cooperation of Mitsumine Hospital, this Center and the Kesenuma City SWC (volunteer center) co-sponsored the project with the aim of facilitating resident interaction. At each event, we held a program (health lecture, relaxation, handicrafts, cooking, etc.) that utilized the instructor's expertise, and then held a discussion. The hands-on program, in which participants could create something they could then take home as a souvenir, was particularly popular. What was important in this was the time participants spent casually drinking tea together, which facilitated communication. Some participants confided their daily worries to the staff, and sometimes we responded to these needs individually. Many people continued to participate, and it was felt that participants expanded their social circle and deepened social relationships through the Koko Cafe.

[Assistance in Health Festival]

We helped with the Health Festival held by Kesenuma City. We operated the "Koko Cafe Corner" for the purpose of maintaining and improving physical and mental health and to provide a place where local residents could relax. Alongside tea and coffee, we distributed pocket tissues and pamphlets as educational goods with the message of "depression prevention."

[Work with Mental Health Care Team Subjects]

Of the residents with whom mental health care teams were involved immediately after the earthquake, we visited 17 people whose progress and current situation were unknown and confirmed their current living and health conditions (starting November 2013). As a result of examining all subject data after visitations, in five cases follow-up was considered unnecessary, six cases were judged to require continuous support, and six cases were untraceable because of address changes. Our Center was put in charge of the six cases that required continuous support, and we reviewed these every month and examined support policies in place therein with the city's Health Promotion Division.

c. Mental Health Support for Kesenuma City Staff

We discussed staff health measures with the Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry (the "Endowed Department"), the Miyagi University School of Nursing, and the Kesenuma Health Center, and provided staff health support as a part of "disaster response." Our Center conducted staff health surveys and follow-up interviews in collaboration with the Endowed Department in accordance with

guidelines put in place in 2012. In addition, PR pamphlets were provided to Kesennuma City staff (including dispatched staff) at the time of the health survey (1,500 copies). These provided information on stress check and stress coping methods, self-care, communication, and skill improvement. Doctors, nurses, and psychiatric social workers conducted interviews for those who desired them (nine people).

In addition, a regular health counseling room was opened in collaboration with Miyagi University. There were two consultation locations (inside the main government building and local agency), and the center was opened regularly on the third Wednesday of every month from June 2013. Miyagi University hosted the counseling room once per month. Operating hours were between 10:00 AM and 4:00 PM, and clinical psychologists and psychiatric social workers were on hand to take turns to accommodate up to five people. Although only a few individuals made use of this health counseling service, it continued to be used after September, by both city staff and staff dispatched from outside the prefecture. Owing to the small number of users, it was not possible to clarify the characteristics of the consultation content, but we were able to regularly carry out mental health consultations for staff, an element that had not been set up within the city organization.

② Minamisanriku

a. Project Assistance

[Support to Affiliated Persons via Individual Support]

In response to requests from public health nurses in the Minamisanriku Town Health and Welfare Division, we attended supporter meetings, assisted with interview counseling and visitation support, carried out visitation accompaniment, attended case study conferences, and so on with the Public Health Center as needed for health survey follow-ups. Additionally, we accompanied public health nurses on visitations to a container-type temporary housing development where a suicide had had a great effect on the community, and offered analysis and advice regarding necessary support.

b. Mental Health Support for Minamisanriku Staff

Health measures for Minamisanriku staff and many dispatched staff were discussed at meetings held eight times in 2012. At the first such meeting for 2013, it was confirmed that a series of staff health measures (managerial and staff training, health surveys, interviews) implemented in 2012 would continue, but after that, regular meetings were unable to be held. The second meeting was held in March 2014, and we discussed the direction for FY 2014 regarding mental health measures for employees. Our Center also attended the meeting, examined necessary measures, and provided advice.

In addition, a health counseling room was opened for Minamisanriku staff and dispatched staff, and starting in July 2013, individual counseling was conducted on the fourth Tuesday of every month. To make it easier for staff to consult during lunch breaks and outside business hours, the consultation time was changed to 12:00–6:00 PM, and the name of the consultation room was changed from the “Health Counseling Counter” to “Staff Consultation Room Octopus” to help staff feel more comfortable. Since July 2013, we have made efforts to inform the staff about the monthly consultation day in advance, and the number of users has increased slightly.

③ Support Organizations

a. Assistance in Support Organization Activities

We maintained the following relationships with organizations conducting support activities for residents of container-type temporary housing.

[Kesennuma Area Support Center]

○ Assistance with Kesennuma District Support Center Health Counseling

Health consultations for container-type temporary housing residents conducted by the Kesennuma District Support Center, operated by the Kesennuma City SWC, are held once

a month in the Niitsuki and Shishiori districts. Since they also provide counseling on mental issues, our Center has cooperated since June 2012.

In Niitsuki, these counseling sessions were held once per month at the trailer houses built on the Goemongahara baseball grounds, and we assisted to the consultation on physical, mental, and living conditions provided by Support Center nurses. Most counselors aim to check vital signs such as blood pressure and measure weight, but in some cases, they mentioned mental health problems during the interview. Thus, by attending the meeting, our Center staff was able to respond smoothly to each individual. The number of users was 25 per year, of which four were individually supported.

Health counseling in the Shishiori area was carried out in the “Genki Class” as in 2012. The Genki Class is a comprehensive health counseling initiative conducted jointly by Miyagi University, University of Hyogo, Kesenuma District Support Center, Northern Area Comprehensive Support Center, City Health Promotion Division, and our Center. After conducting measurements, gymnastics, and health consultations, we also set up events where residents could interact over a cup of tea. Twenty to 25 residents participated each time, and the average number of counselors conducting the mental counseling our Center was in charge of was one to two.

○ Involvement in Supporter Meetings

By participating in supporter meetings in Kesenuma, Niitsuki, Oshima, Shishiori, Omose, Matsuiwa, and Hashikami districts, we responded to requests for accompanying visits and provided advice on how to deal with cases. Under these circumstances, we also responded to consultations regarding the mental health of the supporters themselves.

[Karakuwa District Support Center]

We participated in monthly supporters’ meetings and provided information, advice on how to respond, and visitation accompaniment. In difficult cases, we got involved as case managers and shared information. Subsequently, a request for “skill improvement training for supporters” was made, which led to the implementation of a training workshop. When supporters felt uneasy owing to lack of experience or professional qualifications and had difficulty dealing with residents, we provided consultation and advice. This led to a sense of security and skill improvement for supporters.

[Ichinoseki District Support Center]

We received a request to work with container-type temporary housing residents who were difficult to respond to, and we provided continuous support. While this was made difficult by the absence of a consistent point of contact at the Support Center, we have continued to make regular visits and our relationship is gradually becoming stable.

[Motoyoshi District Support Center]

In an effort to ascertain psychological symptoms, accordingly develop support plans, and lighten the burden of Support Center staff, we worked alongside them to alternately conduct visitations to individuals with sustained mental disturbances in container-type temporary housing. We shared the results of these visits with the Support Center counselors at Motoyoshi district meetings and other occasions.

[Kesenuma Reconstruction Association (KRA)]

We accompanied KRA staff on their activities to ensure they proceeded smoothly, while also providing assistance and receiving consultations from the residents. In addition, we talked about things that the KRA staff were worried about, such as problems with work, and gave advice. Many of the KRA staff were unemployed owing to the disaster, and they often had no experience in interpersonal support; thus, as part of our support work for supporters, we continued to build relationships with them and maintained an environment where it was easy to provide counseling and advice. After that, we received a request for skill improvement training, which led to the implementation of training workshops.

[Minamisanriku Survivor Lifestyle Support Center]

The Survivor Life Support Center operated by the Minamisanriku Town SWC employs local residents, and many of them have no prior experience and provide support to survivors while shouldering the burden of their own disaster experiences. In 2013, organizational

restructurings and staff changes increased, including the integration of six satellite centers into four locations; thus, more detailed support was required.

○ Individual Interviews/Consultation with Supporters

We provided counseling on mental health in the workplace, including direct counseling with the clients and consultations with senior staff and managers. With the continuous support from last year, we were able to establish a relationship where we could consult and respond in a timely manner.

○ Senior Meetings

“Senior meetings” were held to provide a place for senior lifestyle support staff to discuss matters. The events were held flexibly according to the needs of senior staff and division heads. In 2012, events were held bimonthly (three times in total), but in 2013, these meetings were held almost every month (11 times in total). After the group meeting, individual follow-up was also conducted. In this way, senior staff were given opportunities to share their feelings and solve problems in accordance with changes across the organization.

○ Support for Minamikata Satellite Center

Since 2012, we have been visiting the Minamikata Satellite Center once or twice a month. We provide a wide range of support, such as visiting with support staff with regard to residents to whom it is difficult to respond, giving advice on how to interact with residents, and responding to individual consultations with support staff.

b. Mental Health Support for Support Organization Staff Involved in Support Activities [Kesenuma City SWC (including Kesenuma District Support Center Staff)]

A health survey was conducted by the Endowed Department in December 2013 (for 227 people), and in March 2014, the Endowed Department and our Center staff interviewed applicants and high-risk people (12 people).

[Minamisanriku Town SWC (including Survivor Lifestyle Support Center Staff)]

We provided feedback on the overall results of the health survey conducted by the staff of the Minamisanriku SWC in June 2013. After that, a health survey was conducted by the Endowed Department in November 2013 (for 118 people), and in January 2014, the Endowed Department and our Center staff interviewed applicants and high-risk people (11 people).

(5) Support for Various Activities

The “Wakachiai no Kai,” sponsored by the Kesenuma City Health Promotion Division, is being held by the Sendai Grief Care Study Group. As a place where people who have experienced similar losses can gather, there were times when it took the form of a salon to enable participants to relax without having to talk about their loss experiences. Although the numbers of both new and continuing participants were small, we introduced the Wakachiai no Kai to residents who were in mourning while continuing to respond to changes in participating residents’ situations. One Center staff member also participated each time, providing background support to the organizer and supporters involved.

3. Toward Next Year

In the second year, one of our goals was to increase opportunities to collaborate on support with cities and towns. The Koko Café, a joint project with Kesenuma City, is now held once or twice a month. Although it was initially a one-off event, we have also continued to provide assistance for the Health Festival. In addition to these relationships, there was a new request for “caregiver consultation in infant health checkups” this year, and public health nurses and clinical psychologists began to provide some support for mother-child consultation once or twice a month. Here, it was more important for us to be present when public health nurses were reflecting on medical examination situations and individual consultations. This consultation-like involvement was an opportunity for other organizations to understand what we and our staff can do, and for us to do the same for them. In addition, all the staff of this Center took turns participating in the Koko Café multiple times. Collaborations with multiple organizations have deepened our trustful relationships. It is probable

that such involvement led to the expansion of support such as “correspondence with mental health care team subjects,” as well as the multiple requests for training project help that we received. Our relationship with Minamisanriku was largely the same as last year, but the frequency of accompanying interviews and visits increased, both in terms of town-conducted visits and those conducted by the Survivor Lifestyle Support Center. Accompaniment support allowed us to achieve a common understanding of the issues faced by the residents.

Our collaborative work with municipalities has definitely deepened, and we believe we were able to carefully continue individual projects and responses.

In this way, our efforts in this second year of operation generally achieved our goals in that we were able to collaborate with municipalities and support groups, but some issues remained. Our goal for our third year is to tackle these issues.

4. Issues and Directions

(1) Sharing Problems Associated with Support

① Supporter Mental Health

Reconstruction projects are being carried out throughout Kesenuma, and it is expected that the peak work volume will be around 2014–2015. The same is true for Minamisanriku, where the workload of municipal staff is expected to increase further. Thus, there are concerns about chronic fatigue and the accumulation of stress. As part of our efforts in 2013, we were able to create a system in which each employee pays attention to his or her own health condition and, if desired, can be referred for mental health consultation. However, the number of staff counseling users is small, and even if they have troubles, they are not often referred to counseling. Only now, three years after the earthquake, many people are finally becoming able to talk about that time. There is a need for a more accessible system that allows people in need to receive timely consultation and support. It will be necessary to discuss health measures looking ahead for several years, taking into account the intentions of local municipalities. In addition, there are concerns about not only the mental health of municipal employees but also that of supporters of residents living in private chartered and container-type temporary housing. Many supporters are emergency employees, and the longevity of their employment period is uncertain. We have dealt with confusion, worries, and anxieties as needed during our visits, but it seems necessary to consider new mental health measures for supporters and support groups.

② Resident Isolation and Suicide

Some of the topics that were discussed in the supporter meetings were the issues faced by communities, such as those formed in container-type temporary housing developments. Differences in the management of the residents’ association, conspicuous vacancies in container-type temporary housing, and uneven involvement of events staff and volunteers were brought up, among other things. Differences among residents are already appearing everywhere, and it is difficult to welcome a new life when many are moving base from private chartered and container-type temporary housing to public disaster housing. We expect that residents’ feelings of being “left behind” will increase. Container-type temporary housing will inevitably be consolidated and reduced, and people in these communities will become even less likely to notice worries and problems that have become apparent. Likewise, in private chartered housing, interaction between residents will reduce further, and it will be difficult to accurately grasp their living situations.

The increase in the number of suicides at the beginning of 2013 is a cause of concern, and when considering the situation of future disaster survivors, isolation and suicide are problems that cannot be overlooked. It seems that it is time to grasp the current situation, propose concrete countermeasures, and work toward them. Efforts to expand foundational “lookout” programs and services, such as health promotion training for residents, gatekeeper training, resident medical examinations, and provision of information in workplace health measures are being considered. The development of “salons” where residents can interact must not be limited only to private chartered housing; rather, these initiatives should also be deployed in areas with conspicuously vacant container-type temporary housing, elderly

individuals, individuals living alone, and people with illnesses or disabilities. It is unlikely that measures directly linked to suicide prevention countermeasures can be easily implemented, but we would like to do what we can.

In addition, so far, we have dealt with confusion, turmoil, and feelings of self-blame experienced by the supporters and neighboring residents of suicide survivors. We have worked with residents alongside public health nurses. Another thing we can do is to think about the issue of suicide with affiliated organizations. We must protect the dignity of the deceased and deal with these incidents carefully, with utmost consideration for the bereaved family. To that end, it is important to clarify the nature and scope of what we can do when we come into contact with situations related to suicide.

③ Supporter Networks

In the context of supporting local residents, opportunities for us to engage with residents with complex problems are increasing. We have had chances to engage with residents who experienced prolonged grief and who showed problems with continuous drinking (loudness/ranting), verbosity, overactivity, and repeated fluctuating moods. In the context of children, there often seems to be a combination of several issues. The support period also varies, from those who calm down after several interviews and visits to those who need to deal with the probability of long-term support. The continuation of individual support is required, but in the future, it will be necessary to consider at what stage people will be referred to local mental health services and to consider smooth transitions in support provision.

(2) Issues with this Center's Support Systems

In our second year of operation, we have conducted our activities while increasing our opportunities to collaborate with cities and towns, but we were not able to establish relationships with all regions. When thinking about how to tackle regional issues, we must reconsider the nature of effective support systems at this Center, including how transfer employees and Regional Center staff share issues, and how to collaborate with cooperating institutions such as the Endowed Department and Tohokukai Hospital.