Department Initiatives

Ishinomaki Regional Center, Community Support Division

Ishinomaki Regional Center Activities in FY 2013

Ishinomaki Regional Center, Community Support Division
Psychiatric Social Worker – Hiromi Arai

1. Introduction

The Ishinomaki Regional Center opened its doors on April 1, 2012. So far, we have aided disaster survivors and supporters in cooperation with government agencies and support organizations in the Ishinomaki area.

It is hard to say that the reconstruction of disaster-stricken areas in the Tobu Health and Welfare office area, which includes Ishinomaki City, is "visibly progressing." Many of the people living in private chartered and container-type temporary housing are subject to various stresses, including widening disparities and little prospect of rebuilding their lives. In such an environment, alcohol-related problems, stress disorders, dementia-related problems, and other issues have surfaced.

Here, I describe the 2013 activities of the Ishinomaki Regional Center and discuss our future efforts for disaster areas.

2. FY 2013 Initiatives

(1) Community Resident Support

① Follow-Up Support for the FY 2013 Health Survey

Miyagi Prefecture and local municipalities jointly conducted health surveys of residents of private chartered and container-type temporary housing. As a result, the city of Ishinomaki requested us to provide follow-up support to survivors deemed to be in need of it, and we conducted visitation interviews with them. The status of health survey follow-up support is shown in Table 1. The number of households for which we provided continuous visits (more than twice) was 19 for private chartered housing and 33 for container-type temporary housing.

Table 1: Follow-Up Support Requested by the City of Ishinomaki

	Survey of private chartered housing tenants	Survey of container-type temporary housing residents
Prefectural/municipal health surveys	FY2012(12/2012–3/2013)	FY 2013 (9/2013–11/2013)
First visit conducted	Mid-June–Late July 2013	Mid-December 2013–Early February 2014
Households visited	131	150
Households receiving continuous support (Repost)	19	33

② Counseling Support

In 2012, we received numerous requests for counseling for disaster-affected residents from various organizations within the jurisdiction. However, in 2013, there were many direct requests from counselees and their families. In addition, new counseling cases on the topics of mental illness-related problems, mother-child relationships, and alcohol-related problems increased.

Table 2 shows the status of counseling support this year.

Table 2: Counseling Support by Type and Support Method

Counseling Type	Visitations		Interviews		Telephone	
	Clients	Cases	Clients	Cases	Clients	Cases
Mental illness	33	56	16	18	21	25
Mood disorders	19	47	4	4	10	15
Alcohol-related	44	112	5	6	7	12
Mother-child	19	20	12	19	10	12
Domestic issues	3	8	5	8	1	4
Other	59	85	31	44	24	35
Total	177	328	73	99	73	103

(4/1/2013 to end of March 2014)

※Data shown here do not include post-survey support for households in private chartered/container-type housing.

The "Other" category includes problems related to trauma, housing and life reconstruction, dementia, and other residents. Some counselees requested to be interviewed by a doctor or thought they needed to see a doctor. If necessary, either a part-time doctor at the MDMHCC interviewed these individuals or they were referred to a medical institution.

③ Raising Public Awareness

At the request of the Ishinomaki City District Women's Association, we held two lectures on the topic of "listening" for local residents. A total of 27 participants attended the two sessions.

From the participants, we heard the following remarks: "I was not good at listening to people, but I understood which points I should pay attention to when listening," "I learned that listening to people can make them feel better," "I learned that it is important to connect to a specialized agency when necessary," and "I want to learn how to listen to people so I can help them."

④ Community Resident Salon Activities

a. Koko Farm Project

With the cooperation of agricultural managers in Higashimatsushima, the "Koko Farm Project" to cultivate vegetables and flowers was conducted twice a month for two hours in the morning from April to December 2013. The implementation status is shown in Table 3. Survivors living in private chartered and container-type temporary housing were the primary targets of this initiative. The purpose was to provide a "place for interaction" for survivors, and this was achieved by allowing them to cultivate vegetables together, lay out on mats in the field after cultivation and harvesting, and converse over tea.

Participants said things like, "In the old days, my family used to gather and work on the farm. These events reminded me of that time. Coming here and doing that with all these participants allowed me to enjoy myself, like I was part of a big family again," "I forgot about things, and I felt refreshed and energetic. It was fun just to see the vegetables grow, and I laughed out loud for the first time in a long time," and "I came to the field and had a good time and felt happy. Me being happy helps my family be happy, and that makes me really happy." An average of six people participated in each session.

Table 3: Koko Farm Project

Period and Dates/Times	Events	Varieties (Vegetables) and Flowers	Participants
April–December 2013 Second and fourth Thursday, 9:30–11:30 AM	17	Pumpkins, Napa cabbage, onions, daikon, cucumbers, tulips, etc. Tea parties were held each time. In December, only one event was held, and the tea party was held in an assembly hall.	Men: 14 Women: 98

b. Art Exhibition and Social

After the Art Exhibition held in FY 2012, we received comments from participants saying that they would like us to hold it again. Thus, this year, we requested private chartered housing tenants to send us art works and held the "Art Exhibition and Social." The implementation status is given in Table 4.

From the visitors, we heard the following: "I was energized by seeing the work; I will do my best," "I am looking forward to you holding it again next year," "I want you to hold it for one more day," and "I would also like to exhibit my work." Exhibitors and visitors were seen interacting over tea.

Table 4: Art Exhibition and Social

Date and Time	Friday March 7, 2014, 12:00–4:00 PM
Place	Miyagi Prefecture Ishinomaki government building, temporary meeting
Exhibited Works	Ceramics, chigiri-e, paintings, calligraphy, Japanese paper dolls, patchwork, cloth dolls (animals, etc.), amigurumi (yarn work) (14
Social	Spring group planting and bead (strap making) experience corner, hand massage, magic show, tea space
Attendees	85

c. Handicrafts Class

Many participants of the 2012 Art Exhibition and Social said, "I also want to make art. I want you to create a place where we can make art while interacting with one another." Thus, in 2013, we decided to hold a handicrafts class for private chartered housing residents.

For this handicrafts class, we asked the Ishinomaki City SWC to refer volunteer instructors. From October 2013 to March 2014, the class was held for two hours from 9:30 am to 11:30 am, once a month, for a total of six times. The handicrafts classes consisted of collage and beads,and were held alternately each month. Across six sessions, the total number of participants was 33. The venue was the Ishinomaki Regional Center branch office.

(2) Human Resource Development

① Supporter Training

At the request of government agencies and the SWC, we held workshops and lectures for supporters who directly interact with survivors and people with disabilities. The training content included listening techniques, how to interact with people with disabilities, and mental and physical self-care for supporters.

In addition, we held a lecture on the theme of "Listening to Children's Hearts" for public health nurses, nursery teachers, and school nurses. The content of the workshops for supporters is shown in Table 5, while the content of the lecture is shown in Table 6.

Table 5: Status of Training Sessions for Supporters

Location	Targets	Training Content	Events	Partici-pants
Ishinomaki	Ishinomaki City Health Promotion officers	Mental and physical self-care to become a good listener	15	252
Ishinomaki	Intellectual and disabled counselors	Points for year-long activities and consultation at Ishinomaki Regional Center	1	20
Ishinomaki	Ishinomaki City SWC staff	Supporter mental health: "taking care of yourself"	1	23
Ishinomaki	Ishinomaki City SWC staff	How to interact with people with disabilities and supporter self-care	1	16
Onagawa	Onagawa Town SWC staff	Supporter self-care	1	43
Osaki	Osaki City Community Activity Support	How to interact with people with disabilities and staff mental health	1	18

Table 6: Lecture Session for Supporters

Date/Time & Place	Content	Targets	Participants
October 4, 2013, 2:00–4:00 PM, Ishinomaki Ion Cinema	Listening to Children's Hearts: For Effective Communication San Francisco State University Lecturer, Professor Emeritus Mariko Tanaka	Municipal staff public health nurses, nursery teachers, teachers, etc.	180

② Disaster Mental Health Care Exchange

With the aim of coordinating with related organizations and facilitating support for disaster survivors, including educational activities related to mental care, improvement of local mental health and welfare, and support for supporters, the "6th Disaster Mental Health Care Exchange in Ishinomaki" was held. The content is as shown in Table 7. The participants were divided into three groups, each with an instructor, and exchanges were held between each group, with the instructors functioning as mediators.

Table 7: 6th Disaster Mental Health Care Exchange in Ishinomaki

Date/Time & Place	Content	Participants
Wednesday, November 27, 2013 2:30–5:30 PM Ishinomaki Grand Hotel	1) Symposium: "Survivor Support from Here" Symposiasts: Yukio Takahashi, Suimei Morikawa, Kazunori Konno 2) Exchange	82

(3) Support for Supporters

① Supporter Interviews

Based on the results of the staff health survey following the Great East Japan Earthquake, at the request of the Ishinomaki City SWC, we conducted individual interviews with all staff. The number of target staff was 177. When categorizing the responses regarding participants' problems, "Nothing in particular" was the most common at about 60%. However, approximately 10% of the staff said "I can't sleep," "I feel depressed," or "I'm frustrated."

② Advice at Temporary Housing Area Meetings

We attended Temporary Housing Area Support Meetings, where government agencies, SWCs, Regional Comprehensive Support Centers, Nursing Associations, Disability Consultation Support Offices, and professional associations gather and get involved in residents' problems. We gave advice and referred persons to appropriate support organizations.

In addition, we attended case study meetings at Ishinomaki City Hall, the Nursing Association, and the Regional Comprehensive Support Center, supervising as needed.

③ Infant Health Checkup Support

Public health nurses and clinical psychologists were dispatched to the infant health checkups conducted at the Ishinomaki City general branches on request. Support was provided five times at the Oshika General Branch and 12 times at the Kahoku General Branch. After checkups, we held conferences with public health nurses to advise them on the mental care of mothers and children and to consult with those who needed continuous support.

④ Alcohol-Related Support

The number of consultations on alcohol-related problems is increasing, and in 2013, we endeavored to raise awareness about alcoholism and build a community network in cooperation with support groups, including government agencies.

a. Community Resident Training Workshops

In collaboration with Ishinomaki City, Ohashi Autonomous Society, Ishinomaki City SWC, Miyagi Prefecture Nursing Association, and the Kaisei Temporary Clinic, we invited members of the JASWA as lecturers and held a workshop for temporary housing residents. Table 8 shows the implementation status. At the second workshop, in collaboration with Ishinomaki City and the Ishinomaki City Temporary Housing Autonomy Union Promotion Association, we invited Director Ishikawa of Tohokukai Hospital to hold a workshop and worked to raise awareness about alcohol problems.

Table 8: Alcohol Training Workshops for Community Residents

Date/Time and Place	Content	Participants
Wednesday, August 28, 2013 6:30–7:30 PM Ohashi Complex Meeting Hall	Understanding Alcohol: How to Properly Use Alcohol Lecturer: Mitsuyuki Sato, Sugiyama Hospital ASW(Alcohol Related Problems Social Woker)	45 temporary residents, SWC/temporary support staff, etc.
Friday, October 18, 2013 6:30–8:00 PM Ishinomaki Senshu University, Room 4102	How to Properly Use Alcohol Lecturer: Dr. Toru Ishikawa, Director, Tohokukai Hospital	53 persons involved in the temporary residents' association, SWC, temporary support staff, etc.

b. Supporter Training Workshops

In collaboration with Tohokukai Hospital, we held workshops for supporters on alcohol-related issues. The content is shown in Table 9.

Table 9: Alcohol Training Workshops for Supporters			
Date and Time	Content	Targets	Attendees
Tuesday, May 28, 2013	Working with Alcoholism and Team Care Lecturers: Toshihiro Suzuki, Atsuko Miura, Tohokukai Hospital, Community Support Division	Nichii Care Center staff	36
Tuesday, June 25, 2013	Fundamentals of Alcohol-related Problems and Working with Supporters Lecturers: Toshihiro Suzuki, Atsuko Miura, Tohokukai Hospital, Community Support Division	Ishinomaki City SWC Hebita District Staff	24

In addition, a workshop on alcohol-related issues was held monthly from January 2013, co-sponsored by the Ishinomaki City Health Promotion Division and the Kaisei Temporary Clinic. Workshop content is shown in Table 10. The subjects were the Ishinomaki City SWC temporary support staff, medical institution staff, and support organization staff, and these events were held eight times in total.

Table 10: Alcohol Training-Related Lectures for Supporters

Date	Content	Lecturers	Partici-pants
Session 4 April 2013	・Collaboration in communities ・Case studies	Eiko Oshima, Nonprofit organization (NPO) Recovery, JASWA	25
Session 5 May 2013	・ Community assistance for alcohol problems (how to provide support in the community) ・ Case study	Eriko Sako, Recovery House Ichigo, JASWA	41
Session 6 November 2013	・ About alcohol-related problems ・ “Think about alcohol-related issues with citizens in an easy-to-understand manner”	Naoto Okazaki, JASWA Sumie Okada, JASWA	62
Session 7 December 2013	・ About alcohol family support ・ What kind of support should be given to families with drinking problems?	Naoto Okazaki, JASWA Sumie Okada, JASWA	54
Session 8 January 2014	・ Skills to convey alcohol problems to the community ・ Exercise: How to interact with people with a drinking problem	Naoto Okazaki, JASWA Sumie Okada, JASWA	36

※ Sessions 1–3 were held in FY 2012.

3. Looking Back on Our Activities in FY 2013

The Ishinomaki Regional Center has been carrying out support activities in cooperation with administrative agencies and support organizations within its jurisdiction. While attending local support meetings and sharing information, when necessary, we held case study meetings with related organizations for people with various problems. In particular, the SWC and temporary support staff, who support people living in container-type temporary housing, play an important role in forming connections. As we have been focusing on building a local network, we endeavored to cooperate more with the SWC.

Regarding alcohol-related issues, we will collaborate not only with related organizations but also with the Regional Support Department of Tohokukai Hospital, which is a specialized medical institution; the Regional Cooperation Office of Kodama Hospital, which is a regional psychiatric hospital; and the psychiatric clinics. With the assistance of the Red Cross Hospital Regional Cooperation Office and the Internal Medicine Clinic, we have been focusing on supporting people with alcohol problems and their families. In addition, while providing support to those who are providing support, we are working to build a mobile support network for the whole community.

4. Issues and Future Initiatives

Reconstruction efforts, such as the completion of public disaster housing, will gradually expand. However, gaps in these reconstruction efforts are widening. Issues such as alcohol and dementia-related problems, stress-related disorders, isolation, and residents' troubles are expected to become more severe.

It goes without saying that we will focus on individual support when we receive requests for consultations. We will also continue the handicrafts classes and farm projects to prevent the isolation of disaster-affected residents and promote exchanges. Until now, by building face-to-face relationships with each institution, including government agencies, temporary support staff, helper staff, Mamoribu staff, consultation support office staff, and others who directly support local residents, we have received many requests for workshops on mental illness, individual support meetings, and listening courses, and the division of roles and cooperation among each institution is being carried out smoothly. While our efforts have been slow, we have promoted activities that lead to raising the level of mental health and welfare activities in communities. Regarding support for children, we will continue training sessions for staff of related organizations in 2014 and build good relationships with the concerned organizations for individual support.

Regarding alcohol-related issues, we believe it is necessary to plan, for example, a "let's reduce alcohol" club through a men's cooking class to disseminate knowledge about the dangers of alcohol consumption and promote awareness-raising activities.

In order to develop support for various problems including those related to alcohol and dementia, it is necessary to work more closely with government agencies and support organizations. In particular, we believe that cooperation with the SWC and medical institutions is important.

In addition, the Ishinomaki Regional Center has held monthly meetings and workshops, which are attended by all employees, including those transferred to Onagawa, Higashimatsushima, and Ishinomaki. At these meetings, we have discussed the support status of the Ishinomaki area, the examination of business issues, and problems and future directions. In the future, we hope that the staff of the Ishinomaki Regional Center will work together to consider issues in the Ishinomaki area and provide better support.

The earthquake caused great damage and wounded many of us deeply. Based on this, when dealing with disaster survivors and support personnel, we will attentively listen to their stories and seek to sympathize with them and respect their feelings. Furthermore, we would like to make efforts to build a small, mobile network to improve mental health and welfare in the region.

Role of Occupational Therapists in the Ishinomaki Disaster Survivor Health Support Project

Ishinomaki Regional Center, Ishinomaki City Transfer
Occupational Therapist – Miyoko Kubota

1. Introduction

Three years have passed since the Great East Japan Earthquake on March 11, 2011. About 23,000 people are still living in emergency temporary housing (container-type temporary housing and private chartered housing) in Ishinomaki (as of the end of March 2014). In Ishinomaki, where I was transferred by the MDMHCC, as individuals continue to live in temporary housing prior to the transition to public disaster housing, a variety of problems have emerged, including a rise in the number of people requiring support and care because of aging, alcohol-related issues in the middle-aged and elderly, and an increase in the prevalence of dementia due to loneliness and community collapse. This paper reports on the main support activities and issues that I worked on in 2013.

2. The Role of an Occupational Therapist in the Ishinomaki Disaster Reconstruction Basic Plan

The Ishinomaki Disaster Reconstruction Basic Plan was formulated in December 2012. Under the slogan "Relieve citizens' anxiety and restore their livelihood" (Measures Outline 2), the Ishinomaki City Health Promotion Division has sought to implement the following measures for disaster survivors: (1) health support projects, (2) lifestyle-related disease prevention projects, (3) mental health care projects, (4) lifestyle-related disease aggravation prevention projects, (5) nutrition and dietary habit support projects, and (6) oral care countermeasures. The author is involved in the health support project for disaster survivors developed by the Adult Health Group (AHG) and the Mental Health Group (MHG) of the Health Promotion Division. Figure 1 shows the health support provided to disaster survivors and the roles of each institution in temporary housing in Ishinomaki City.

(1) Ishinomaki Rehabilitation Support Project (Miyagi Disaster Reconstruction Fund Project, Health Support Project)

The AHG has been involved in the implementation of rehabilitation support, a Miyagi Prefecture Earthquake Reconstruction Fund project, since November 2011. Figure 2 shows the flow of the rehabilitation support project. The Ishinomaki main office area's nine districts and six general branch office areas are divided into eight business establishments, and rehabilitation specialists provide guidance and consultation through door-to-door visits, including improvement of the living environment and rehabilitation consultations. My role in the rehabilitation support project in FY 2013 was to connect individuals with orthopedic illness, weakness, suspicion of dementia, mental illness such as depression/panic disorder, withdrawal, and so on, who were followed up with in FY 2012 after door-to-door visitations and were unable to be referred to care insurance services, to new rehabilitation specialists. However, regarding high-risk elderly individuals with suspected peripheral symptoms of dementia who lived alone, we received a request from the public health nurse in charge to continue support through door-to-door visits, so while building a support system for the case with public health nurses and dietitians, we provided continuous, unbroken support to these individuals, including solicitation of participation in health counseling sessions by the health coordinator, exercise guidance during door-to-door visits by rehabilitation specialists, and general supervision by visiting support staff. As a result of reviewing the support system at monthly area meetings where related organizations gather, one year later, it was connected to the Regional Comprehensive Support Center, and it was decided that cases would use outpatient long-term care insurance services. From the beginning, we have had our eye on early treatment at specialized hospitals and have worked to build a support system with this goal in mind, but since it was often difficult to obtain consent from family members living elsewhere, we were unable to get as far as securing treatment in specialized hospitals. However, our support efforts continue to progress in the direction of the use of admitted long-term care insurance services.

In order to prevent the deterioration of the health condition of earthquake survivors, Miyagi Prefecture has positioned the Rehabilitation Support Project as one to create a regional support system. The AHG consulted with the Regional Comprehensive Support Center and, in FY 2013,

as a response to disuse syndrome that may occur in an environment lacking a local community and as a method to achieve long-term care prevention, we collaborated with the Long-Term Care Prevention Class held by the Regional Comprehensive Support Center to implement the Rehabilitation Support Project. My role was to coordinate, alongside the Comprehensive Community Support Center and between rehabilitation specialists, the collaboration plan between the Long-Term Care Prevention Class, aimed at residents of tsunami-affected areas where community revitalization was an issue, and the Rehabilitation Counseling Association, a component of the Rehabilitation Support Project. In the future, we will coordinate for the holding of exercise classes led by residents.

(2) Ishinomaki City Disuse Syndrome Prevention Project (Yuikko Project)

Since August 2011, the Yuikko Project has been underway in Ishinomaki emergency housing developments. It aims to rebuild communities in temporary housing communities through the detection of individuals at risk of disuse syndrome. The main elements of this project are ① deep vein thrombosis (DVT) echo examination by a doctor from Ishinomaki Red Cross Hospital and a joint examination team, ② group exercise guidance by NPO corporation health support Waku Waku Genki Net, and ③ physical fitness assessments and rehabilitation consultation for individuals at risk of disuse syndrome by rehabilitation specialists. In addition to middle-aged and elderly people with low activity levels, unemployed/retired people, and persons living alone, all of whom were subject to medical examinations from the beginning, disaster-affected residents living in tsunami-stricken areas were added in FY 2012. In FY 2013, we additionally provided health support to disaster survivors by adding private chartered housing residents and people identified as DVT-positive in the previous year. In addition, to determine motor function and raise exercise awareness, the rehabilitation counseling session will be incorporated into the business content of the 2013 Yuikko Project. I am in charge of business planning and management, tracking the health status of DVT-positive individuals in the previous year, and carrying out surveys.

The DVT-positive rate in Ishinomaki City is still higher than that in non-disaster areas. Since this is thought to be influenced by lifestyles and habits in post-disaster evacuation shelters, it has been decided that from FY 2014 onward, content from the Lifestyle Diseases Aggravation Prevention Project, itself a part of the Disaster Reconstruction Project Plan and the Health Promotion Plan, will be added.

(3) Mental Health Care Project

The author has been cooperating with efforts for the promotion of voluntary activities by the "Kamome no Kai," an association of individuals with higher brain dysfunction and their families, which has been promoted by the MHG since FY 2012. Since 2008, the MHG has been planning study sessions and exchange meetings for people with higher brain dysfunction and their families living in Ishinomaki City and has continued to support the activities of the Kamome no Kai. In 2013, in response to the desire expressed by the Kamome no Kai to have the parties and their families share a common hobby, practice it, and further strengthen their bonds, the MHG and the Kamome no Kai collaborated to put on a handbell concert. The concert was performed in front of about 30 spectators. In the future, to further promote voluntary activities, we will continue to support the Kamome no Kai.

3. Collaboration with the Ishinomaki Regional Center

Alcoholism among disaster survivors is a problem everywhere, and Ishinomaki is no exception. Many middle-aged and elderly drinkers experience physical illness due to heavy drinking and live with anxiety, complaining of insomnia, irritability, and sometimes forgetfulness. The Ishinomaki Regional Center is focusing on alcohol-related issues in collaboration with the Health Promotion Division and other organizations, and the challenge is to further strengthen cooperation and refer patients to specialized alcohol-related treatment at an early stage. In addition, at the request of the Health Promotion Division, the Ishinomaki Regional Center provides support for high-risk cases identified as having mental health problems via the "Survey on Health and Life" conducted among those affected by the disaster. Some people who have mental problems also have physical problems,

and if intervention by a rehabilitation professional is necessary, the author receives a request from the Ishinomaki Regional Center and provides consultation support.

4. Conclusion

From the beginning, I have continued support activities under the auspices of the health support project developed by the Health Promotion Division. According to an analysis of life function risk among elderly individuals conducted by Ishinomaki in 2011 (from a questionnaire survey), the proportion of high life function-risk individuals in the categories of “shut-in,” “falling,” and “dementia” risk were higher among elderly individuals in Ishinomaki than the national average [1)]. In Ishinomaki, consultations on dementia are increasing owing to the collapse of the existing local community because of relocation into temporary housing and to higher ground after the earthquake. In addition, the number of elderly people living alone who previously relied on help and supervision from individuals in their community but are now forced to rely on professional third-party services for property management and so on is likely to increase. Given this increase in the number of consultations regarding dementia, we will continue to promote health support projects from the perspective of dementia prevention in collaboration with long-term care insurance staff and the Comprehensive Community Support Center. Our challenge is to strengthen the implementation of the dementia support system.

The scope of our health support projects for survivors has expanded from merely temporary housing residents to all individuals in tsunami-stricken areas, and we expect that support for public disaster housing residents will be required in the future. Amidst these circumstances, my role is to identify physical and mental problems in my clients from a professional perspective and to connect them to health support projects at an early stage.

References

1) Revised edition Ishinomaki City Elderly Welfare Plan/Fifth Long-term Care Insurance Business Plan [FY2012–FY2014], Chapter 2, Current Situation and Future Vision Concerning the Elderly, 7–23.

Figure 1: Health Support for Disaster Survivors in Ishinomaki Emergency Temporary Housing and the Role of Each Organization

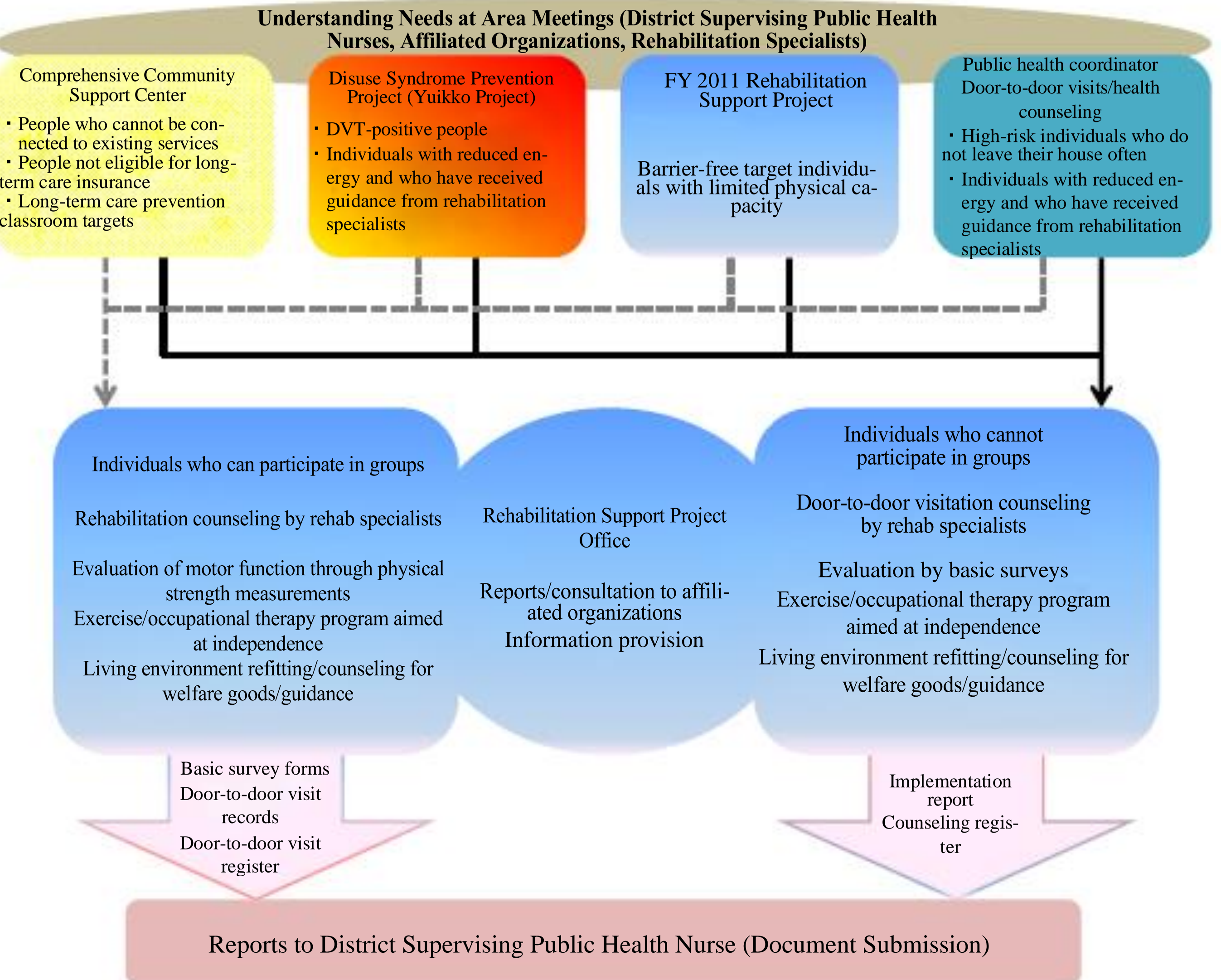


Figure 2: Flowchart of Rehabilitation Support Projects in Ishinomaki

FY 2013 Activities in Onagawa and Future Issues

Ishinomaki Regional Center, Onagawa Transfer
Psychiatric Social Worker – Tomoko Arashi

1. Introduction

This is the third year since our Center started operations in Onagawa. In 2013, one new psychiatric social worker joined us. Here, we review the activities of this new two-member system and describe future issues looking ahead into 2014.

2. Issues Faced by Onagawa

Compared to 2012, which was shortly after the disaster, in 2013, container-type temporary housing and private chartered housing became the primary form of disaster housing used by survivors, and various issues related to life reconstruction became apparent. Table 1 shows several representative figures from the data collected in FY 2013 that formed the foundation of our activities in Onagawa Town.

Table 1: Post-Disaster Characteristics of Onagawa Town

Item	Figures	Comparison Dates
Rate of population decline	10,016 persons ⇒ 7,461 persons 25.5% decrease	February 2011–January 2014
Individuals designated as needs-support or needs-nursing	381 persons ⇒ 535 persons 40.4% increase	February 2011–September 2013
Households living in container-type temporary	1,194 households, 2,839 people	As of November 2013
Households in private chartered housing	564 households	As of November 2013

In light of the situation made clear above, life in container-type temporary housing and private chartered housing, originally scheduled to last for only two years, is expected to continue into 2013 and perhaps even 2014, with very little hope for the future. This worsens the inactivity of townspeople and accelerates population outflow, advances development of illnesses and designation of individuals as “needs-nursing” patients, and makes it difficult to maintain community stability. In addition, the development of living and transportation infrastructure has been delayed, and the means of transportation and movement that townspeople lost to the disaster have not been restored. This has spurred isolation, and alcohol problems, mental illness prevalence, and the progression of dementia have accordingly become apparent. In addition, public disaster housing, which will be the final residence of the disaster-affected townspeople, will only be able to house 200 households by the end of 2013, and at present, there is no prospect for 2014.

3. Resident Support

As mentioned earlier, in 2013, the addition of a second transfer employee allowed for a two-person system to materialize in Onagawa, increasing the number of visitation support cases we were able to see to by about 1.5 times (Table 2). In addition, the number of accompanying visits with Health Center staff and temporary support staff increased. While cases that were previously handled individually were transitioned to team-based support and subsumed under visitation case totals, the number of accompanying visits to consultations increased from five to 42. The main contents of support include guidance on abstinence and avoidance of alcohol, prevention of isolation, a medical approach accompanied by a psychiatrist, intervention in mental illness, and watching over people with mental illness.

Table 2: Visitation Support Cases Per Year

FY 2012	191
FY 2013	268

The aforementioned support was provided in 2012 and 2013. However, a split between households receiving dense support and households without any support became apparent. In FY 2014, we are making adjustments to understand the actuality of the support provision through means including mapping to identify households that have not received support so far. Through these efforts, we aim to become better able to determine whether a particular household has not yet received an intervention despite the need for support, or whether that household does not need support at present. However, at the end of March 2014, 200 households began to move to public disaster housing, and along with this, residents flowed in and out of some temporary areas, making a new support system for community reorganization necessary.

Separately, the number of cases we have worked with in which alcohol-related problems are an issue is increasing. It is true that the consolidation of emergency housing into temporary housing units has made residents more visible to one another, thus bringing existent alcohol problems to the surface. However, there are clearly many residents whose alcohol problems are rooted in disaster experiences and/or inactive life in temporary housing. It is, therefore, becoming necessary to work to solve the alcohol problem in the community via individual support and guidance on temperance/alcohol reduction in collaboration with the Onagawa Regional Medical Center.

In addition, we have cooperated with the staff of the Health Center in carrying out the following resident support activities.

In the interest of saving space, details about the following activities have been omitted.

- Follow-up with high-risk people after a health survey of residents in private chartered housing.
- Establishment of a mental health consultation desk at gatherings of townspeople conscious of their health.
- Being present at medical examination result briefing sessions and following up based on physical data and questionnaires.
- Cooperation with "Designated Temporary (Private Chartered) Housing Residents Exchange Meeting" (held in Sendai, Rifu, Osaki, Ishinomaki, and Higashimatsushima).
- Appearance on disaster FM radio programs (spreading awareness regarding mental health).

4. Support for Supporters

Personnel from the MDMHCC were first permanently installed in Onagawa in April 2012, and in the following month, I received a request for assisting with mental health promotion among Onagawa government officials. Therefore, in consultation with the health supervisor, we continue to carry out dissemination and enlightenment activities for government officials. Specifically, every other week, we publish the "Heart Tsushin" with advice concerning physical and mental health, and in the week when it is not published, we hold the "Heart Salon," opening a mental health desk from 4:00 to 6:00 PM on Wednesdays. In addition, we have given out our e-mail address, allowing us to accept consultations by e-mail at any time. In Onagawa, all staff members are required to include a self-diagnosis checklist (created by the Central Occupational Accident Prevention Association) with their own arrangements at the time of health examination. We checked the contents of these checklists alongside the results of medical examinations, determined the necessity of an interview by an industrial physician, and if necessary, ensured that an interview with an industrial physician would be held at a later date. We were present at these interviews and continued to give advice on mental health. This system was in place in 2012 and 2013, and we believe that the same will be done in 2014.

In 2013, at the request of the Miyagi Prefecture Tobu Health and Welfare Office, we held two series of lectures for supporters on support for alcohol-related problems. Upon giving these lectures, issues relevant for the future and the ideal configuration of the support system itself, including matters such as how to intervene in the community and advisors to look back on the cases involved, became clear. At the moment, the official stance is that these lectures will continue in 2014, but the details are still to be decided.

In terms of individual supporter support, interviews are held at any time, not only with Health Center staff but also with temporary support staff, Regional Comprehensive Support Center staff, Kirara Onagawa (Type B Continuous Employment Support Office) staff, and so on. This is done with the awareness that the human and physical resources of the public and private sectors are organically linked and that these efforts involve improving the effectiveness of resident support systems.

5. Area Meetings

Onagawa Town is divided into seven areas, and support staff are assigned to all areas. Supervising officials include temporary support staff, Comprehensive Community Support Center staff, Onagawa Regional Medical Center rehabilitation staff, government office long-term care insurance section staff, and SWC members. Together with these personnel, we participate in area meetings held once a month to discuss support for individual residents and regional trends. As a matter of course, the problems faced in each area are different, and sharing them across professions enables a multifaceted approach. In 2012, the MDMHCC was never truly put in charge of any area, and when a case came up, the Health Center was consulted first. However, in 2013, we were put in charge of areas, and case consultations came directly from the temporary support staff. I feel this has increased the speed of case handling.

From around December 2012, area study meetings have been held in addition to usual area meetings. This is because, as the shift to public disaster housing began at the end of March 2013, and residents moved in and out, there were many areas that were reorganized; thus, it was necessary for all Health Center staff to discuss how to support such areas. These area study meetings have also been organized in response to the fact that the current special post-disaster systems are not permanent, and support programming will eventually have to shift to voluntary autonomous activities. Therefore, we plan to continue this initiative once per month in the future.

6. Issues

As mentioned above, relocation of survivors into public disaster housing will start in April 2014. That same month, the Chairmen and Vice-Chairmen of several neighborhood councils will also relocate into public disaster housing; thus, there are several areas where neighborhood council organizations will need to be restructured. In these areas, it is inevitable for there to be a period where neighborhood councils are not functional. In such a situation, residents can experience anxiety at not knowing whom to consult with if something were to go wrong.

Therefore, one issue is how best to follow up when neighborhood council functions are suspended. Also, in another area, one of the two temporary support staff stationed is planning to retire, while the other will be transferred to another area; thus, completely new temporary support staff will be put in charge. When support staff are replaced, residents may be worried that they will need to explain their individual situations from the beginning once more. Also, when support staff are new to an area, they have to start work without knowing much about the residents and existing problems, which is a heavy burden. Therefore, we believe that it will be necessary to work more closely with support staff and share information so that residents can consult with peace of mind and the burden placed on support staff will not become too much to bear.

Regarding individual visit support, previously, part-time doctors at the MDMHCC were dispatched once a month for half a day, but to fully meet the needs of the community, it was changed to a full-day dispatch system. In addition to allowing for a more medical approach, we believe this new system will help expand the functional scope of the staff of the Health Center and the Comprehensive Community Support Center.

7. Conclusion

Three years have passed since the earthquake, and reconstruction is progressing, albeit gradually. However, it is an undeniable fact that a “gap” in reconstruction progress (while some residents have rebuilt their homes early and are leaving temporary housing, others have not been selected for the public disaster housing lottery, and there is no prospect of moving into the next public disaster housing development) has become apparent. At times, I am asked by elderly individuals if they will be forced to live out the rest of their lives in temporary housing. Even if we assume that these thoughts are the product of emotional unease caused by confrontations with harsh truths, I want to be the sort of supporter who can approach such feelings in earnest and walk alongside individuals as they move toward finding their own answers, or at least something of the sort.

Looking Back on Our FY 2013 Activities in Higashimatsushima

Ishinomaki Regional Center, Higashimatsushima Transfer
Psychiatric Social Worker – Yuko Arai

1. About Higashimatsushima

(1) Current Situation

In response to the needs of Higashimatsushima City, the MDMHCC has assigned staff here since FY 2012. Before reporting my activities in Higashimatsushima, I would like to describe the city itself. Table 1 shows data on the city, including its population and the damage it sustained in the disaster.

Table 1: Higashimatsushima Population and Disaster-Related Damage Status

	At the time of the disaster	At present (3/1/2014)
Population Households	43,142 people (3/1/11) 15,080 households	40,193 people (△ 2,949 people) 14,904 households (△ 176 households)
Disaster damage		Totally destroyed: 5,514 homes (1,264 washed away) Nearly destroyed: 3,059 homes Half destroyed: 2,500 homes Partially damaged: 3,506 homes Total: 14,579 homes (97% of households)
Casualties		1,109 persons (65 of which are disaster-related casualties)
Missing persons		25 persons
Container-type temporary housing	29 locations 1,753 units	29 locations, 1,437 units (3,365 people), 82.0% occupancy rate
Private chartered housing	1,312 units (11/4/11)	704 units (1,966 people)
Public disaster housing		16 locations, 1,010 units planned Can be moved into starting April 2014 5 locations, 254 units
Group relocation promotion project		7 complexes, 1,288 units (717 private housing units, 571 public disaster housing units)

*Created in accordance with data taken from the Higashimatsushima City website.
(Data on container-type/private chartered housing taken from Miyagi Prefecture website)

(2) Main Disasters in Higashimatsushima

Higashimatsushima has experienced significant disaster damage over the years. These experiences are put to use in post-disaster responses in the city, such as debris disposal. The main disasters are shown below.

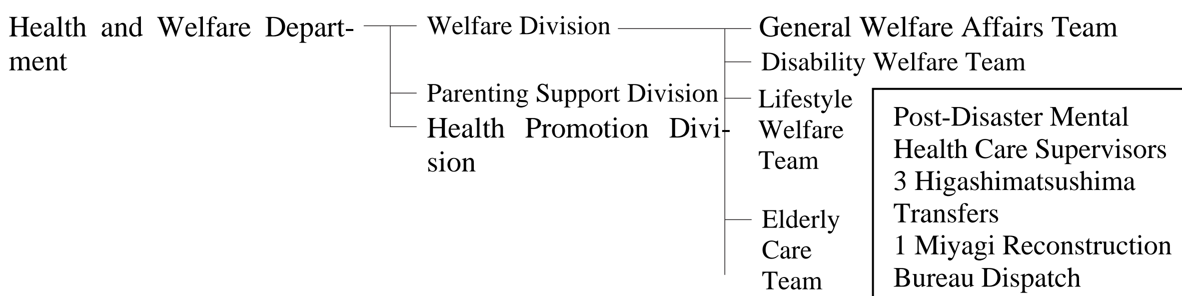
Table 2: Main Disasters in Higashimatsushima

Date	Name of disaster	Scale/Damage
June 12, 1978	Miyagi Offshore Earthquake	M7.4
July 26, 2003	Northern Miyagi Earthquake	M6.4 Houses damaged: 8,602 Injured: 675
March 11, 2011	Great East Japan Earthquake	M9.0

*Total damage sustained by the former towns of Yamoto and Naruse.
The two were merged into Higashimatsushima City in 2005.

(3) Personnel Organization System in Higashimatsushima

The personnel organization system of the Higashimatsushima Health and Welfare Department is as follows. Transferred staff are assigned to the Disability Welfare Team and take part in post-disaster mental health care alongside city public health nurses and staff dispatched by the Miyagi Reconstruction Bureau.



(4) Higashimatsushima Reconstruction Community-Building Plan (Formulated 12/2011)

Of the four basic policies of the Higashimatsushima Reconstruction Community-Building Plan, health counseling and mental health care for disaster survivors is placed under item 2: "Town development that facilitates support and allows people to live with peace of mind."

2. Activities Undertaken this Year

(1) Community Resident Support

① Individual Support

In FY 2013, we provided individual support for a total of 2,134 cases, including 1,079 telephone consultations, 173 walk-in consultations, and 882 visitation consultations (including those overseen by transfer staff and individuals dispatched by the Miyagi Reconstruction Bureau). The status of individual support this year is as follows.

a. Follow-Up Continuation for Post-Disaster Mental Health Care Cases from the Previous Year

We continued to provide individual support to cases that continued into FY 2013.

b. Health Survey Follow-Ups (Part of Higashimatsushima's Suicide Prevention Countermeasures Project)

In addition to health surveys for residents of container-type temporary housing and private chartered housing, we conducted mental health questionnaire-based screening at specific medical examinations in the city and followed up on those results (Tables 3 and 4).

Table 3: Health Survey Follow-Up Status

		Distribution (households)	Collection (response rate) (households)	Follow-up targets	K6[4]	Insomnia + no hospital visits + no one to talk to	Treatment suspended owing to mental illness	Begins drinking during the day	Has lost 10 kg or more in the last year 5)
Container-type temporary housing 1)	FY 2012	1,672	655 (39.2%)	87	17	6	1	42	21
	FY 2013	1,498	405 (27.0%)	61	17	4	2	25	13
Private chartered housing 2) (FY 2012)		945	675 (71.4%)	54[3]	14	2	4	17	17

1) Container-type temporary housing resident health survey secondary follow-up (Miyagi Prefecture “Health and Life Survey Form”).
2) Private chartered housing resident health survey secondary follow-up (Miyagi Prefecture “Health and Life Survey Form”).
3) Sixteen of them were requested to other municipalities by moving out.
4) Index for measuring anxiety/depressive symptoms.
5) For 2012, there was weight loss from before the earthquake.

Table 4: Follow-Up Status of Special Medical Examination Mental Health Questionnaire Screening

	Distribution	Collection (response rate)	Follow-up targets	K6	2+ items on the CAGE scale or drinking to get rid of hangovers	Individuals requesting counseling
Specific medical examinations 6) (FY 2013)	~14,000	4,122 (29.4%)	356	44	127	185

6) Specific medical examination mental health questionnaire screening and secondary follow-up (Higashimatsushima City “Questionnaire on Mental Health”).
*A single individual can be included in multiple categories.

c. Other Cases We Worked With

In addition to the above, we worked with individuals with mental illness, shut-ins, and the elderly.

② Support Through Collaboration with Other Organizations

We collaborated with other organizations to participate in checkup accompaniment, case study sessions, and case conferences, among other things.

(2) Support for Supporters (Assistance in Projects)

① Strengthening Alcohol Countermeasures

a. Strengthening collaboration for preventive interventions: exploring individual support in collaboration with the Health Promotion Division.
b. Establishing a place to connect for recovery: preparation for the founding of a self-help group.
c. Support preparation/ledger maintenance: creating risk criteria and developing support in accordance with severity.

② Regular Meetings

In addition to alcohol countermeasures, we assisted with the consideration and implementation of projects in regular meetings held with city public health nurses.

(3) Other

We also assisted with data entry, recordkeeping, and other administrative business.

3. What I Have Realized Through Our Activities

Last year, our main task was post-disaster mental health care, and we functioned as auxiliaries to city public health nurses. This year, our system changed because of changes in the city, and as the Disability Welfare team was constantly being sent out to work, in addition to mental care after the earthquake, we played a role similar to that of city public health nurses, such as dealing with cases of mental disabilities and shut-ins. It may be said that the seconded staff who continued to enter could act as a link at the time of transfer. On the contrary, the seconded staff felt that they lacked the ability and flexibility to grasp the daily changing local conditions and needs.

By being involved in cases that are not limited to mental care after the earthquake, we have more opportunities to collaborate with local psychiatric welfare initiatives and have come into contact with local issues. Perhaps pre-earthquake issues have become more evident, such as scarce social resources, insufficient isolation of persons and families with mental illness, inadequate networks of related organizations, and lack of support for people who do not fit into existing services. It will be necessary to take this as an opportunity for intervention, by first raising a voice about the current situation and then sharing it with the parties concerned.

Cases of suicide are increasing, and in a retrospective meeting with public health nurses, commonalities between these cases were considered, including recovery-period depression, mental isolation, financial problems, loss of roles and jobs, and the disproportionate involvement of the younger generation.

Through follow-ups based on health survey results, we saw situations that clearly required support, such as problem drinking. Some people were unable to call for aid by themselves, and helping these individuals highlights the significance of the survey itself. In addition, although there are a few people who were picked up multiple times as follow-up targets, most cases involved different subjects each time, and I feel that regular implementation is effective. Furthermore, the impact of the earthquake is not limited only to people living in container-type temporary housing and private chartered housing, and it can be said that the mental health questionnaire at the time of specific medical examinations was able to expand the target population, despite its limitations.

Health survey follow-ups often involved heavy drinkers. Those who were health conscious and were able to go about their lives despite heavy drinking were provided information over the course of a session or two. In addition, we tried to provide continuous support to those in concerning physical or living conditions, and to those who wish to save drinking or stop drinking. Even if each session is short, I felt that if there was a system that allowed regular follow-ups through specific medical examinations, it would motivate the affected person themselves, and supporters would not run out of steam. Finally, some individuals were severe alcoholics. It is good that support began with the survey, but there are many issues regarding support methods, and we must continue to re-examine them.

4. Toward Next Year

I would like to continue the work done this year in the next FY. Health surveys will continue, and I would like to keep carefully following up on their results. Response rates to these surveys are expected to continue to decline, and thus the matter of how to identify high-risk people becomes an issue.

In addition, we must keep in mind that the transition to public disaster housing will start in April 2014. We would like to assist other organizations to ensure that preparations for launching the alcohol self-help group, which started this year, and the care of bereaved families will continue, even if they affect only a small group of people. I would like to continue to maintain records and case ledgers and to try to create a situation where support is not interrupted because of transfer circumstances.

Finally, there are many issues, including support for working generations and supporter exhaustion, that health surveys cannot accurately capture. While remaining abreast of the needs of the city, I would like to reconsider what it is that we, as external supporters, are uniquely positioned to accomplish.

Looking Back on FY 2013 Activities

Ishinomaki Regional Center, Tobu Health and Welfare Office Transfer
Certified Psychiatric Nurse – Tomoko Uchida

1. Introduction

This is my second year as part of the Mother-Child and Disability Team at the Tobu Health and Welfare Office. In terms of my community mental health and welfare activities, I was often put in charge of home visits and consultation services normally handled by public health nurses. Further, support for home visits has increased, and we have served not only affected individuals but also their families and coordinated with supporters of related organizations. At the workshop at the Health Center, we held a lecture for technical staff regarding a simple intervention program for heavy drinkers to share information on mental health and welfare work. In addition, at the Japan Psychiatric Nursing Academic Meeting, we exhibited a poster that functioned as an activity report of the MDMHCC, helping us inform participants from all over the country about our daily work and the situation in disaster areas (Fig. 1).

2. Individual Case Support

	Telephone	Interview	Home visit	Checkup support	Accompaniment during family counseling
Counseling cases	148	22	129	23	3

3. Support for Supporters

(1) Specialist consultation and case support regarding management of alcohol-related problems, family classroom management support regarding alcohol use.
(2) Planning and management support for alcohol-related problem training.
(3) Creating a questionnaire for mental health and welfare consultation cases.
(4) Guidance to city public health nurses on health exercises for the elderly.
(5) Lecture at the in-house community health technical staff workshop.

4. Toward the Future

Work support at the Public Health Center is centered around assisting public health nurses in their daily work, mainly for individual support for cases of mental disorders. However, as I work alongside public health nurses on their daily support work as part of the mental health and welfare activities in the region, I cannot help but notice that there are still a great many people who are struggling to make it through each day because of the difficulty of their lives, and many who are putting their bodies through horrible conditions in disaster areas as they try and fail to regain lost livelihoods. In order to continue to provide support from within the community, it is of course necessary to refer such individuals to treatment; however, I deeply feel that lifestyle support, which enables these individuals to live peacefully in their chosen ways, is also quite necessary. Coordination with related organizations and cooperation with supporters in the region has been smoothly executed over the past year, and the fruits of our labor are beginning to grow. Nevertheless, still more time is needed to build effective networks.

As I move into my third year of work support via the transfer program, I aim to deepen my collaborations with public health nurses and regional supporters while confirming and reconfirming my own roles within the organization.

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MDMHCC

Miyagi Branch, MDMHCC – Tomoko Uchida

Support for Supporters

At the Tobu Health and Welfare Office, we provide administrative support to individuals with alcohol-related problems and mental disabilities.

- Management support for specialist counseling for alcohol-related problems.
- Management support for alcohol-related problem family seminars.
- Planning and management support for alcohol-related training workshops.
- Management support for specialist counseling for puberty/shut-ins.
- Management support for mental health and welfare counseling.

Resident Support

- Counseling work with individuals who need disaster-related mental health care.
- Counseling/visitations/interviews with alcohol abusers and their families.
- Individual support for individuals with mental disabilities whose symptoms are worsening or who need connections to medical services, as well as with their families.
- Outreach lifestyle/medical support to enable individuals to live stable lives after being discharged from a medical facility.

(As a certified psychiatric nurse, I travel from the hospital out to local communities, and get involved in a variety of post-disaster mental health care and welfare activities.

Resident Support/Provision of Places for Healing

<Ishinomaki Regional Center Activities>

- Social and Art Exhibition for residents of designated temporary housing
- "Kokko Farm," a place where temporary housing and designated temporary housing residents can gather.

Raising Public Awareness

Implementing study sessions to deepen awareness and understanding of dementia among temporary housing residents and local community residents.

Figure 1: MDMHCC Activities