

Department Initiatives

Stem Center, Community Support Division

Community Support Division Initiatives in FY 2013

Stem Center, Community Support Division
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1. Introduction

It has been three years since the disaster. According to the Miyagi Prefecture Disaster Reconstruction Plan, 2013, the third year, falls in the period of transition from restoration to reconstruction. However, at present, many people are still uncertain about the future, and their problems are only becoming more complicated. Some people have rebuilt their lives and seem calm at first glance, but they continue to be traumatized by the earthquake. For these reasons, the need for support for residents has only continued to increase. In addition, the responses to widening reconstruction disparities as we approach the transition to public disaster housing are becoming more diverse. As a result, there are increasing calls from local supporters for external support.

As in FY 2012, the activities of the Community Support Division of the Stem Center in its second year remained focused on support to the activities of local governments. In FY 2013, we provided regular support to nine municipalities (hereinafter referred to as “Municipal Initiatives (1)–(9)”).

At the start of our support work, in order to grasp the actual situation in each area and meet the demands therein, we decided to rely on supervising municipal departments and/or various support organizations in each location, including Support Centers, as our points of contact. In addition, for the purpose of immediate response and building trustful relationships, we designated one official in each municipality as our collaborative supervisor and tried to visit them regularly regardless of whether or not we had received specific requests from that area. As a result, we were better able to clarify what sort of support was expected of us, and it also helped reduce the “aid discrepancy” that can often occur in external support situations. Currently, we have been accepted as a support group by many local governments, and the number of requests we receive continues to increase.

Our initiatives in 2013 are as follows.

2. Initiatives for Cities and Towns

In terms of our support guidelines, the main purpose of the Community Support Division is to aid administrative and support staff who are working to improve the mental health and welfare of the communities to which they belong. The reason for this is that local government officials and support staff in charge of disaster survivor support have long been involved in support activities, accumulating a great deal of fatigue. Our efforts are in the hope that if we are able to shoulder some part of their support activities, we will be able to reduce the burden they carry.

Including requests that were completed in one visit or at one go, we provided support in response to requests to 15 local governments in FY 2013 (see below). In certain municipalities, we provided support to multiple supervising departments, and it was necessary for us to share information about these efforts internally. Therefore, we have set up a “Community Support Division meeting,” providing an opportunity for all staff to gather once a week. At the report meeting of “Looking Back on Our Work with Cities and Towns” held in January 2014, with the participation of prefectural mental health organizations and the Tohoku Health and Welfare Bureau, we were able to compare results with other municipalities, share issues, and exchange opinions.

<Activities in Each City and Town>

(1) Matsushima

① Regional Status

Matsushima holds reconstruction of urban infrastructure, life, and tourism and industry as the three pillars of its reconstruction policy, and its identity as a tourist town is reflected in this policy. Disaster damage here is relatively less than that of neighboring cities and towns, and at present, 276 people in 105 households are all living in private chartered housing (as of March 31, 2014, Ministry of Health and Welfare, Miyagi Prefecture). The plan is to move into public disaster housing during FY 2014, but since it has not been decided concretely and it is being built in an area where the living environment is not well prepared, some say that they will be forced to continue to live in private chartered housing even after their contracts expire.

② Activities in FY 2013

Two staff members were dispatched once per week (psychiatric social worker and public health nurse) for the following support work.

a. Individual Counseling Project for Private Chartered Housing Tenants

Based on a health survey of residents of private chartered rental housing, we provided individual support to 83 households with resident cards in the town and seven other disaster-affected households.

b. Resident Health Examination Mental Health Counseling Project

We partnered up with the “mental fatigue test” initiative of the medical examination group commissioned by the town and conducted individual consultations a total of 10 times. Of 266 individuals tested, 83 received individual consultation. Seventeen of these were deemed to require continued support.

c. Continued Individual Support

The prefecture conducted health surveys for residents of container-type temporary housing and private chartered housing, and continuous individual support was provided to residents who were classified as supporters requiring continuation in b.

d. Dispatch of Doctors (One Psychiatrist)

A psychiatrist was dispatched once a month to provide consultation support to survivors.

e. Dispatch of Lecturers

A lecturer was dispatched to a mental health supporter training course to give a lecture.

③ Activity Reflections

Since Matsushima was relatively less damaged than neighboring cities and towns, survivors there live in an environment where they can easily feel the difference between their own lives and those of unaffected local residents. When they go out into the town, these individuals are met with scenery that unfolds as if there was no disaster at all, and in many cases, this deepens their sense of isolation, especially when considering the fact that these individuals live in private chartered housing. In the future, I think it will be necessary to convey the needs of the survivors to the town, such as the current situation and problems that have become apparent through individual support. In the Resident Health Examination Mental Health Counseling Project, there was a high degree of interest in the mental fatigue test, and we were able to use that initiative as the start of support work with many people. We were able to get involved with people who could not be reached through visitations, or cases that appeared to be affected by the disaster, and this initiative was a good opportunity to disseminate information and raise awareness of mental health, including support for the survivors. Regarding the dispatch of psychiatrists, the number of consultations was not large, but these dispatches were opportunities to connect individuals in Matsushima to appropriate treatment, as there are no medical institutions specializing in psychiatry in the town.

④ Issues for FY 2014 and Beyond

Among the three pillars of its reconstruction policy, Matsushima appears to be focusing most on tourism reconstruction, and I get the impression that the reconstruction of the lives of the survivors is lagging behind. In the future, it is necessary to summarize the activities so far and convey the needs of the survivors identified through visitations to the town. In Matsushima, where the local government is responsible for most of the disaster survivor support work, it is expected that mental health supporters will play an active role, but how to utilize them effectively remains undecided and is, therefore, an issue for the future. Furthermore, because the exhaustion of municipal employees involved in survivor support is becoming noticeable, we would like to consider measures to build a mental support system for them.

(2) Shiogama

① Regional Status

In Shiogama City, construction of 380 units of public disaster housing in eight districts is underway. Thirty-five units have already been completed in the Iboishi district, and occupancy has started (as of March 31, 2014). However, many still lead unstable lives, with 162 units and 344 people associated with container-type temporary housing and 399 units

and 949 people associated with private chartered housing (Miyagi Prefecture Health and Welfare Department, as of March 31, 2014). Since 2012, this Center has been continuing individual visits to private chartered housing residents based on prefectural health survey results, and a tendency for those who have moved in from outside the city to experience isolation owing to an inability to acclimate to their surroundings has been observed.

As time passes after the earthquake, it has also become difficult for support groups to secure human resources. As a result, the burden on individual support staff continues to increase and they are exhausted.

② Activities in FY 2013

Two staff members were dispatched twice per week (psychiatric social worker and public health nurse) for the following support work.

a. Identification of High-Risk Persons from Health Surveys and Data Organization After Support

In collaboration with the city's public health nurses, we identified high-risk individuals and confirmed their situation through individual visits based on the results of a health survey of private chartered housing residents conducted by the prefecture.

b. Visitation Accompaniment for District Supervisor Public Health Nurses and Professional Advice

We accompanied public health nurses in the city and gave advice from a professional standpoint thereafter.

c. Cooperation with Community Relaxation Salon and Participation in Post-Event Study Meetings

We cooperated with lectures and health counseling held at the relaxation salon organized by the city, and participated in subsequent case study meetings.

d. Dispatch of Lecturers

We conducted hands-on exercises in the "Mental Health Promotion Training Course." In addition, lectures on dementia and yoga classes were conducted for Support Center staff.

e. Dispatch of Doctors (One Psychiatrist)

A psychiatrist was dispatched on a regular basis, and this individual gave professional advice at case conferences of public health nurses in the Health Promotion Division and at conferences with container-type temporary housing support staff. In addition, he gave a lecture on the theme of being a good listener at a workshop for health promotion members.

③ Activity Reflections

In various visiting activities, there were cases in which the client's health condition clearly deteriorated and repeated cycles of hospitalization and discharge occurred. Cases requiring continuous support included those in which the myriad effects of the disaster manifested as physical symptoms, as well as those in which support for the entire family, such as domestic violence/alcohol-related problems, was required.

At the workshop for container-type temporary housing support staff, I think the advice on cases that are difficult to deal with helped reduce the burden on the support staff. Regional variations of the relaxation salon were newly held in the 25 districts of the neighborhood association, and the event was set up as a place where survivors could work together with local residents. In some cases, connections with local communities were formed by introducing the salon project to residents who appeared isolated during visitations. I think this is an example of incorporating the city's planned support for disaster survivors into peacetime mental health and welfare activities.

④ Issues for FY 2014 and Beyond

Since we are in contact with survivors every day, it is easy for us to understand their situation. I would like to take advantage of this position and communicate it to as many supporters as possible, while also creating opportunities for us to discuss how to support them.

We would like to continue to provide support in 2014 while coordinating with each division and other organizations. In particular, we would like to continue activities such as referrals to regional salons as support for private chartered housing residents who are difficult to reach and feel left behind.

(3) Tagajo

① Regional Status

Support for disaster survivors and supporters in Tagajo City started in April 2012. In Tagajo City, there are 312 container-type temporary housing units occupied by 576 people, and 860 privately rented housing units occupied by 2,086 people (as of March 31, 2014, Ministry of Health and Welfare, Miyagi Prefecture). A total of 6,171 households have been certified as living in homes that were more than half-destroyed (Tagajo City Life Reconstruction Support Office). Regarding support for disaster survivors, the Health Division and the Social Welfare Division's Lifestyle Reconstruction Support Office play a central role in conducting health surveys of container-type temporary housing and private chartered housing for the prefecture, as well as in high-level surveys of survivors conducted independently by the city. As of March 2014, we are following up with 597 at-risk persons.

② Activities in FY 2013

Two to three staff members were dispatched twice per week (clinical psychologist, psychiatric social worker, and public health nurse) for the following support work.

a. Dispatch of Doctors (One Psychiatrist)

One psychiatrist was dispatched once a month.

b. Support for Residents Considered High-Risk as a Result of Health Surveys and Current Status Surveys

We provided support to private chartered housing residents and individuals who had rebuilt their homes.

c. Participation in Various meetings

We participated in meetings conducted by organizations involved in support and current status surveys for container-type temporary housing/private chartered housing residents, including the Social Welfare Division Life Reconstruction Support Office, the Health Division, and the Supporters' General Assembly.

d. Professional Advice at Consultations, Conferences, Etc.

We provided support to city staff and support organization staff (home nurses, Kyoritsu Maintenance, Reconstruction Support Center, Midorigaoka Hospital, Saka Hospital).

e. Lectures for Residents and Training for Supporters

③ Activity Reflections

In Tagajo City, the Health Division is in charge of providing support for private chartered housing tenants and individuals who have rebuilt their homes, who account for the majority of households requiring follow-up, but they appeared to be having difficulty securing sufficient human resources for their work. In 2013, regular meetings were held among supporters to improve this situation. As a result, we were able to strengthen the cooperation system with the Health Division, health centers, and local medical institutions, and I think that this Center also played a part in building these relationships. Multiple support groups are active in Tagajo City. Several are, therefore, of the opinion that "support standards" for spreading awareness and establishing policies regarding support are necessary. In response, we are currently working on creating standards in collaboration with the Health Division and other organizations.

④ Issues for FY 2014 and Beyond

More than three years have passed since the earthquake, but many survivors are still lost in their suffering. The prolonged instability brought about by the disaster also affects the physical and mental health of supporters. In the future, relocation to public disaster housing and the consolidation of container-type temporary housing are planned; issues associated with these processes are expected to arise. While continuing the support activities conducted so far, in FY 2014, we would like to place emphasis on reducing the burden of support staff. In addition, while facilitating cooperation between supporters, we would like to help them share issues and goals, clarify their roles relative to one another, and enhance follow-up systems for supporters.

(4) Natori

① Regional Status

In Natori City, 1,477 people live in 744 container-type temporary housing units and 1,646 people live in 599 private chartered housing units (as of March 31, 2014, Miyagi Prefecture Health and Welfare Department).

The terrain of Natori City stretches from east to west, and the issues faced by each region are becoming apparent, from coastal areas such as Yuriage, which was heavily damaged by the tsunami, to inland areas, which have accepted many affected residents. Regarding the coastal area, although the project for the reconstruction of the Yuriage area was approved by Miyagi Prefecture in November 2013, there is a large difference in reconstruction progress there relative to other tsunami-damaged areas. Among the residents who are eagerly looking forward to the reconstruction of the Yuriage area, quite a few are more frustrated with why it is taking so long than they are happy that such projects have been approved. In addition, Natori City tends to pay attention to the Yuriage area because of the magnitude of damage there and the difficulty of obtaining approval for reconstruction projects. However, this results in complicated feelings among residents of other tsunami-damaged areas. In this way, even within a particular coastal area, the problems faced by residents differ depending on various factors such as the degree of damage, progress of reconstruction, and differences between support and interest.

At the same time, in inland areas, there is an increasing number of cases where an individual's home has been rebuilt but their life has not. Underlying this situation is the problem that as soon as an individual is able to rebuild their home, they are removed from the framework of the survivors. Thus, problems of insufficient support or being forced to build a new community in the area in which the home is being rebuilt have arisen.

② Activities in FY 2013

We provided support to the Natori Public Health Center, the Natori City Life Reconstruction Support Division, the Support Center Dot.Natori (including the JOCA, in charge of the Community Revitalization Project), and the Reconstruction Support Center Hiyori. Multiple staff members were dispatched to each support destination, and support was provided at least once a week, according to requests. In addition, while maintaining connections with each support destination, the scope of our activities was expanded in 2013. We strengthened resident support in collaboration with the Japan Home-Visit Nursing Foundation. We held regular mental health lectures in the "Idobata Square" hosted by Yuriage Public Hall, regularly participated in information exchange meetings held at each container-type temporary housing development, and conducted group work at the Natori City Fire Department.

③ Activity Reflections

In terms of our activities in FY 2013, we were able to build new connections by continuing our activities from 2012. In addition, through these activities, we reaffirmed the importance of cooperation with many support organizations. We believe that the expansion of the scope of our activities is a sign of the strong demand for mental health support in affected areas.

④ Issues for FY 2014 and Beyond

In 2014, we would like to work to help rebuild community mental health and welfare. To that end, we will share information more regularly among the staff members who are supporting Natori City. Following this, I would like to grasp the situation in Natori City, mainly in coastal and inland areas, and deepen our collaborations with various support organizations and supporters based on our work so far.

(5) Iwanuma

① Regional Status

Iwanuma City was the first area in the prefecture in which group relocation was finalized. However, even now, 576 people live in 314 units of container-type temporary housing, and 949 people in 363 units of private chartered housing (as of March 31, 2014, Ministry of Health and Welfare, Miyagi Prefecture). In addition, while reconstruction is progressing at

a rapid pace, some people, like farmers, have lost their goal in life, and others experience regret caused by rushing the reconstruction of their homes.

In FY 2012, the inter-organizational structure between various support groups, including municipalities themselves, was not fully established, and it was difficult for these entities to cooperate. Therefore, in FY 2013, we decided to share support measures and hold regular meetings to decide roles for the integration of reconstruction and peacetime health and welfare plans.

At the Social Welfare Division, which serves as the contact point for disaster survivors in the city, the workload of public health nurses in charge of mental health continues to increase. This may be due to the exacerbation or emergence of various problems caused by the disaster, including alcohol-related problems and shut-ins.

There are many evacuees from Fukushima in Iwanuma, and support for parents and children with various anxieties is an issue. Thus, various initiatives are underway.

② Activities in FY 2013

- a. Dispatched 1–2 people (Clinical Psychologist, Public Health Nurse) to the Social Welfare Division Twice a Week

We examined the issues faced by public health nurses and provided individual support for disaster survivors. We shared the direction of support through expert advice at the case conference.

- b. Dispatched One Person (Psychiatric Social Worker) Once a Week to the Long-Term Care Welfare Division/Life Support Office

We held interviews with Satonomori Support Center supporters and Reconstruction Support Center Smile supporters. We also participated in case conferences held by the Regional Comprehensive Support Center.

- c. Dispatched 1–2 People (Psychiatric Social Worker, Public Health Nurse) to the Child Welfare Division Once or Twice a Month

We participated in meetings related to the operation of the “Children’s Playground” initiative and the parent-child salon “Dear Home Town” to support evacuated parents and children.

- d. Participated in city-wide liaison and sharing meetings.

- e. Cooperated with the Suicide Prevention Countermeasures Project.

Lectures and hands-on exercises on the theme of “How to Be Good at Listening” were held. By making these events hands-on workshops, participants were more engaged and asked specific questions.

③ Activity Reflections

As mentioned in the previous section, requests from related departments are on the rise. In order to respond to this increase in demand, it is necessary for us to share information with each support group and strengthen cooperative relationships. For this reason, we believe one core component of future support efforts will be the confirmation of the position of mental health care relative to other initiatives.

④ Issues for FY 2014 and Beyond

As we did in FY 2013, we would like to continue dispatching staff, and we also hope to provide support for cases where support staff are having difficulty responding. Further, we wish to work to help people maintain their motivation. In addition, we would like to work in collaboration with local governments and support groups to build a support system for local mental health.

(6) Watari

① Regional Status

In Watari Town, 1,981 people live in 787 container-type temporary housing units, and 456 people live in 148 privately rented housing units (as of March 31, 2014, Ministry of Health and Welfare, Miyagi Prefecture). An average of 20 move-outs per month are seen in container-type temporary housing, and vacancies are becoming noticeable.

FY 2013 is positioned as a reconstruction and restoration period in the town’s earthquake reconstruction plan. It has been designated as a period in which initiatives to

make the town safe and secure for the reconstruction of residents' lives and the resumption of corporate activities will be undertaken.

The reopening of elementary schools, which had served as temporary school facilities because of the disaster, the restoration of the JR Joban Line in the town, and the construction of public disaster housing have begun, and reconstruction is visibly underway. In terms of industry, the town's specialty crop, strawberries, suffered severe damage, but now it has been developed as a "strawberry housing complex" and production has resumed.

Applications for public disaster housing have also begun, but as the coastal area has fallen short of capacity, we are also conducting secondary and tertiary recruitment, including from outside the town and Fukushima prefecture. Nearly 80% of the residents are expected to be elderly, which is considered to be due to the aging of the area before the earthquake and the progress of household separation because of the move.

② Activities in FY 2013

Two to three staff members were dispatched thrice per week (clinical psychologist, psychiatric social worker, and public health nurse) for the following support work.

a. Individual Support

We conducted visits to those who needed follow up based on the results of health surveys conducted by the prefecture in container-type temporary housing, private chartered housing, and among individuals whose homes had been rebuilt. We also accompanied temporary support staff on these visitations.

b. Workshop for Support Center Staff

We conducted lectures on mental health for the purpose of improving knowledge.

c. General Affairs Related to Disaster Survivor Support, Coordination

We did this in discussion with town supervisors to ensure efficient work.

d. Attending Regular Meetings

We attended the Support Center liaison meetings, information exchanges on container-type temporary housing/private chartered housing residents, and case study meetings. As a result, we were able to grasp town trends and provide support tailored to the situation therein.

③ Activity Reflections

In terms of survivor situations as seen from individual support work, there were many cases where the individuals whose homes had been rebuilt found it difficult to become a part of their communities, and many of these people complained of isolation. The reason for this is thought to be that there was a strong custom of local community interaction in Watari Town, such as drinking tea at one's neighbors' houses. Unfortunately, these close-knit community ties were unable to be preserved through the disaster and into post-disaster living situations. Another reason is that while the homes of these "rebuilt" individuals have indeed been reconstructed, like private chartered housing residents and people who have relocated out of town, the communities in which these rebuilt homes are located are still largely devoid of people, fostering isolation.

④ Issues for FY 2014 and Beyond

In Watari, alongside the construction of public disaster housing and the subsequent relocation of individuals, community reconstruction will also proceed, centered around the town development council, ward mayors, and local welfare officers. This Center would like to continue its activities in cooperation with related organizations so that the perspective of mental health can be incorporated into the construction of these new communities. Finally, it is important that we take on the role of communicating the needs we came to understand through individual support to the town itself.

(7) Yamamoto

① Regional Status

In Yamamoto Town, 1,717 people live in 746 container-type temporary housing units, and 166 people live in 48 private chartered housing units (as of March 31, 2014, Miyagi Prefecture Health and Welfare Department).

In addition to the completion of the prefecture's first public disaster housing development, one can see the traffic of construction vehicles engaged in embankment construction and

Joban Expressway extension throughout the city. However, further population decline, a declining birthrate, and an aging population have become serious problems after the earthquake. In an effort to halt these trends in their tracks, the town has set out a plan for a “compact city” with an eye on its super-aging society; however, sufficient human resources for reconstruction assistance are still sorely needed.

② Activities in FY 2013

We determined that this was a critical period for relationship-building in Yamamoto, and therefore engaged in the following activities in response to requests.

a. Support for Private Chartered Housing Tenants

In accordance with the results of a health survey conducted by the prefecture among residents of private chartered rental housing, we visited high-risk people together with the town and the Public Health Center. Two staff members were dispatched from this Center to visit 23 households that had relocated to Sendai City. After these visits, we held case conferences with the people concerned.

b. Support for Container-Type Temporary Housing Residents

Together with the Regional Comprehensive Support Center and the Nursing Association, we responded to and provided visitation accompaniment for continuing cases among container-type temporary housing residents.

c. Dementia Lectures for Container-Type Temporary Housing Residents

We received a request from the town to support the elderly and prevent disuse syndrome; we, therefore, gave lectures on the above topic eight times over the year.

d. Implementation of Mental Health Counseling/Relaxation Salon project

This project was contracted to the Miyagi Psychiatric Center, and we also dispatched two staff members to it. At the salon, we held health lectures for townspeople and individual consultations with doctors.

e. Cooperation with Natori City/Iwanuma City/Watari Town/Yamamoto Town SWC Information Exchange Meeting

SWC staff under the jurisdiction of the Health Center gathered and exchanged information at these meetings. We were put in charge of planning the events and seeing to management on the day of.

③ Activity Reflections

In FY 2012, we did not receive very many requests from Yamamoto. However, we expected that requests and requisitions would gradually increase because of the magnitude of the damage suffered by the town, the exhaustion of support staff there, the high aging rate, and the prolongation of time spent in container-type temporary housing. In 2013, we gave eight lectures on dementia for residents of container-type temporary housing, and each time we were able to set up meetings with public health nurses. As a result, we could share information on disaster survivor support, which we believe led to specific collaboration requests.

④ Issues for FY 2014 and Beyond

Regular continuous support will start in 2014. In Yamamoto Town, support will mainly be provided to support centers, and in addition to visitations and providing a place for health promotion, we plan to participate in case conferences and information exchange meetings with related organizations. By immediately grasping the situation and problems of the town, it will be possible to provide multifaceted support pursuant to the realization of the common goal of survivor support: “enabling residents to live in physical and mental peace.” With securing the human resources needed to rebuild the town and raising the level of support for the survivors as our goals, I would like to understand what sort of survivor support Yamamoto envisions for its residents by participating in regular meetings and conferences.

(8) Tomiya/Taiwa

① Regional Status

Both Tomiya and Taiwa are adjacent to Sendai and are, therefore, highly convenient locations; thus, their populations were increasing even before the disaster. They only

suffered minimal damage, and many evacuees from outside these towns have moved there in the months hence.

Currently, in Tomiya Town, 217 people live in 85 private chartered housing units, whereas in Taiwa Town, 133 people live in 49 private chartered housing units (as of March 31, 2014, Miyagi Prefecture Health and Welfare Department).

Until now, support for disaster survivors has been limited to monthly exchange meetings held by SWCs, and individual support has not been provided. Survivors were in a state of loneliness and continued to live with deep longing for their hometowns because there were few places to share their experiences.

② Activities in FY 2013

In both Tomiya and Taiwa, we carried out door-to-door surveys based on the results of the health survey conducted by the prefecture among residents of private chartered housing.

During these visits, we made every effort to listen to the individual experiences and thoughts of disaster survivors. From among these individuals, we extracted high-risk people, such as those who had not been treated for mental illness and those who were worried about social isolation, alcohol-related problems, or childrearing, and connected them to public health nurses in the town to continue their support. Subsequent continuous support for these individuals was shared with public health nurses and public welfare officers in towns and Public Health Centers.

③ Activity Reflections

As a result of individual visits, we were able to refer individuals likely to become shut-ins to exchange meetings. In this way, we were able to identify people in need of support and, through collaboration with other organizations, build a system to meet their needs.

④ Issues for FY 2014 and Beyond

For high-risk people who need support, we will further strengthen cooperation with Health Centers and respond accordingly. Furthermore, as a support organization, we would like to work in cooperation with governmental organizations to allow them to respond to community needs within the scope of their normal operations.

(9) Kurihara/Osaki/Shiroishi/Tome/Shibata/Misato

One to two staff members were dispatched to these cities and towns once per month, or as needed to respond to requests.

① Supervision for Individual Support and Case Conferences

We gave professional advice at individual support and case study meetings.

② Dispatch of Lecturers

Lectures were given upon request, and there was particular concern about responses to disaster-related matters. In addition, requests for lectures for local residents and local welfare officers are gradually increasing.

3. Initiatives for Professionals

From the beginning, this Center has prioritized the need for support for professional sectors, and this need is something that we are constantly made aware of in our support activities. After all, even if a person is deemed to be high-risk following their health survey results, if they are absent during the day because of work, it is quite difficult for them to receive support.

In 2013, we conducted five lectures for four companies from which we received requests. Our task in FY 2014 and beyond is to consider the opinions of both clients and lecture attendees and give lectures tailored to the event.

The topics requested by companies were as follows. In addition to those related to stress and mental illness, companies tended to favor topics related to communication and organization building in the workplace, as well as self-care.

Date	Company	Topic	Lecture Content
9/17/2013	Michinoku Consulting	Being involved in self-care	<ul style="list-style-type: none"> • Work and depression, stress • Communication

10/7	Sekisui House	Maintaining mental health	• Dealing with depression and stress
12/18	Saijo Design Consultants	Workplace mental health	• Work and depression, stress • Alcoholism
3/12/2014	JA Midorino	Creating an open workplace	• Looking back on self-communication through work • Yoga
3/19	Same of above	Same of above	Same of above

4. Activities in Response to Other Cooperation Requests

In response to other requests, we carried out the following support.

① Interviews with Sendai SWC Staff

In response to a request from the Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry, we conducted interviews over four days with staff of the Sendai SWC.

② Counseling at Hello Work

In response to a request from Hello Work, we established mental consultation desks at joint job fairs, etc., and responded to consultations a total of 16 times.

③ Dispatch of lecturers

Lectures on mental health were given to local governments and various support groups. Many hands-on exercises such as group work and yoga were introduced for the purpose of improving the skills of supporters and maintaining motivation for work.

5. Initiatives Undertaken at the Stem Center, Community Support Division

Study sessions and case study sessions were held to improve the quality of activities. The staff of this Center were involved as lecturers in study sessions and advisers during case study sessions.

Date	Content	Topics	Lecturers and Advisers
April 23, 2013	Case study meeting	Support for women living in temporary housing who lost their husbands after the earthquake	
May 28	Case study meeting	Cases where the relationships between people with many problems before the earthquake and supporters were troubled	Supervising clinical psychologist: Takeshi Yamazaki
June 11	Study group	Group therapy	Mitsuaki Katayanagi
June 25	Case study meeting	About Mr. B, who is affected by delusions and is having trouble in temporary housing	Supervising psychiatrist: Hidekatsu Shirasawa
July 2	Study group	Family therapy	Hiroko Taniguchi
September 24	Case study meeting	About Mr. A, who was worried about the relationship with his relatives after the earthquake	Supervising psychiatrist: Naru Fukuchi

October 22	Case study meeting	About a case in which there were many problems, but no requests from the affected person, preventing the provision of support	Supervising psychiatrist: Hidekatsu Shirasawa
November 12	Study group	Legal system and rights protection such as independence support law	Chizuru Ainai Mebuki Sasaki
December 10	Study group	Medical and long-term care insurance	Kayo Motomiya Ayaka Ogasawara
December 24	Case study meeting	About Mr. A, who developed schizophrenia after the earthquake and went to work continuation support type B	
January 28, 2014	Case study meeting	Cases of depression due to feelings of loss	Supervising psychiatrist: Naru Fukuchi
February 25	Study group	Suicide postvention	Naru Fukuchi Yuko Kashihara Hiroko Taniguchi Fumiyuki Taka

6. Holding Regular Information Exchange Meetings with Related Organizations

In FY 2013, the major issues were the reconstruction of new communities, caused by independent reconstruction and the transition to public disaster housing, as well as support for residents who have no prospect of reconstruction. In addition, as time passes after the earthquake, it is also time for various support groups to reduce the scale of their activities. Over the course of 2013, we held five information sharing meetings with the Miyagi Prefecture Sendai Health and Welfare Office and a monthly information sharing meeting with the Miyagi Prefecture Support Center, where we confirmed the activity status of each group and the issues and directions of each city and town. Owing to the importance of continued cooperation with related organizations in our activities, we would like to continue holding these events into FY 2014 and beyond.

7. Wrap-Up

This Center started support about a year after the earthquake, and we began with anxiety about what we would be able to accomplish. However, as reported earlier, by diligently traveling out to meet various municipal organizations and support groups, we were able to build meaningful relationships, and as a result, carried out various tasks in collaboration with these entities.

A future task is to re-examine the functions of this Center and secure sufficient manpower to meet demand. There is also an urgent need to consider cooperation with other organizations.

Some of the residents we visit have been living in an environment that they find simply impossible to adjust to, and this has caused various problems, including physical and mental disorders and family issues. When shifting to public disaster housing, measures are required to ensure that residents receive appropriate health, welfare, and medical services. In preparation for these, in FY 2013, each municipality has held many meetings to consider the division of duties and roles, and the number of requests to us for participation in these events is increasing. Further, the number of participants in case study meetings is on the rise. I believe it is of great merit to be able to be a member of a team that shares these issues during this period. We will continue to value our relationships with many municipalities and strive to improve our skills and knowledge so that we can respond to various requests.

Mental Health Care Activities in Natori

Stem Center, Natori Transfer
Psychiatric Social Worker – Hiroyuki Sasao

1. History of Our Activities and Natori's Status

Since June 2012, I have been a staff member of the MDMHCC and have been transferred to Natori City to take a seat at the Natori Public Health Center and engage in mental health care activities.

Three years have passed since the great earthquake, and some of Miyagi Prefecture has already begun to move into public disaster housing. In Natori, where I work, more than 900 people have died. Among them, the Yuriage district, with more than 750 deaths, was the first to establish a policy for reconstruction. However, as time passed, the number of people (especially young people) who did not want to return to Yuriage, where a tsunami may occur again, increased, forcing them to change their plans. Ultimately, Yuriage has become the district with the most delays in terms of reconstruction and rebuilding in Natori City. Even among Natori citizens, the gap in reconstruction seems to be widening.

Many survivors of housing damage after the earthquake live in container-type temporary housing and private chartered housing. In addition, some people have renovated their damaged homes and are returning. In the container-type temporary housing, everyone moved in under the same conditions, and no matter what their previous life was, they were forced to live in the same way. However, over time, those who could rebuild independently began to build new housing inland and gradually moved out. As a result, the proportion of people in need of support, such as the elderly and those with disabilities, who have difficulty living in container-type temporary housing, is increasing. With this widening disparity, people who cannot rebuild independently are feeling left behind and frustrated.

2. Activities in Natori

The Natori Public Health Center also targets all residents for mental care activities. The living environments of people affected by the disaster can be roughly divided into four categories: container-type temporary housing, private chartered housing, renovated tsunami-damaged homes, and newly bought/built houses in an inland area.

The people I support are mainly residents of private chartered housing, who prefectural health surveys have identified as being at high risk. I visit their homes, talk to them, and connect them with other institutions as needed. In addition, even among residents of container-type temporary housing, residents who have rebuilt their homes in the tsunami area, and those who have set up new homes in the inland area, I visit and listen to the stories of those considered to be at high risk.

In container-type temporary housing, life support staff (consigned by Natori City to the SWC) watch over the livelihoods of residents, whereas the medical aspect is overseen by the Home-Visit Nursing Foundation, both of which provide survivors in container-type temporary housing with comprehensive support. However, survivors in private chartered housing are forced to remain isolated because of the lack of such support and limited interaction with each other. This is especially true for elderly people who have previously lived in close-knit communities; even if their families are together at night, they will either be alone or only among other elderly individuals during the daytime. Therefore, many residents look forward to our visits and happily welcome us. Initially, although most people find it difficult to open up, through multiple visits and over time, they begin to speak frankly and deeply about their experiences. At times, people will talk about their worries or will bounce their myriad complaints and dissatisfactions off of us. Now that three years have passed since the disaster, people's environments have slowly begun to stabilize, and most are finally becoming able to think about the future. However, some have told us that this actually causes them to feel anxious about the future and has made it harder to sleep. Finally, there are a small number of people who simply refuse to open up to us, and who say things like "You won't understand. You didn't lose anyone to the disaster," or "I'm fine" (with pain clearly written on their faces). These people are a poignant reminder of the difficulty of supporting disaster survivors.

What has been particularly noticeable since the latter half of this year is a feeling of frustration regarding reconstruction gaps. While construction of public disaster housing has begun in some

parts of Natori City and other cities and towns in Miyagi Prefecture, there are noticeable difference in the speed of reconstruction progress, for example, in areas where the plans have just been approved. As a result, in places with reconstruction delays, a strong sense of being left behind is palpable.

3. Issues for the Next Year

(1) Diversification and Complication of Troubles

Among residents of container-type temporary housing and private chartered housing, the number of people who will renovate/rebuild their homes or build entirely new homes and move out will increase. Furthermore, the construction of public disaster housing will progress, and future lifestyles will become more diverse. As new communities are formed in new living environments, it is expected that relationships and the troubles of people in them will become more complex. It seems that in the future, it will become more and more necessary to develop close relationships with each client and take appropriate measures.

(2) Support Collaborations

Various support groups are active in Natori City, and even if we consider only the MDMHCC, there are transfers to the Public Health Center, such as me, and there is also a large number of staff from the Stem Center conducting support operations here. Cooperation between support groups and liaison/coordination between mental care center staff is not always sufficient. In the future, cooperation between support groups and supporters will become more and more important, and I think it is necessary to devise new ways of encouraging effective cooperation.

Iwanuma Activity Report

Stem Center, Iwanuma Transfer
Nurse – Yuko Kishima

1. Looking Back on Our Activities in FY 2013

(1) Regional Status

Owing to the increase in the quantity and quality of survivor support in 2012, the burden on public health nurses in the Social Welfare Division has increased, and they have become exhausted. Given this situation, the city's Social Welfare Division requested the MDMHCC to transfer staff to them. Thus, from 2013, I (a nurse) was transferred to Iwanuma for five days of work per week.

As of April 2013, the status of disaster survivors in Iwanuma was as follows: 353 households in container-type temporary housing and 601 in private chartered housing. Discussions between residents and the city regarding group relocations from the six affected areas have been held since then.

In terms of survivor support, network sharing conferences for survivor lifestyle support, facilitating information exchange, have been regularly held. A public health nurse in charge of survivor support was transferred in April, and I was forced to take over their duties. My transfer destination, the Social Welfare Division, deals with mental health in general and was, at the time, in sore need of the capacity to provide mental care for individuals beyond just disaster survivors. Public health nurses have, thus, spent time and effort on consultation and support for residents.

2. FY 2013 Activities

(1) Resident Support

We provided visitation support to residents under the age of 65 in container-type temporary or private chartered housing with a prefectural health survey result of ≥ 13 points, who exhibited drunkenness, or who had mental illness. At the request of city public health nurses, we also responded to residents with mental illness who were not the subject of the survey.

(2) Support for Supporters

Regular case study meetings with public health nurses were held once a month from May to provide an opportunity to share the current situation of and issues related to disaster survivor support, as well as to discuss cases. Regular meetings with the Survivor Lifestyle Support Office and support center staff were also held once a month from May to make it easier for support staff to carry out consultations. In addition, I participated in case sharing meetings with NPOs that cooperate with disaster survivor visits once every three months from September, and in information sharing meetings for all disaster survivor supporters once a month from April. In this manner, I have become a member of the disaster survivor support community in Iwanuma City.

(3) Human Resource Development

In Iwanuma City, study meetings held once per month from June by Dr. Masahiro Katsura (belonging to Tohoku University Hospital, part-time staff of this Center), as a part of the "Mental Care Study Group," have been implemented. By providing case examples and other efforts designed to improve the skills of participating supporters, I collaborated with Dr. Katsura in the planning and implementation of these events.

3. Reflections and Opinions on Our Activities

The time I spent on cases increased, and I was able to provide polite support, which I believe gave both me and the supporters I worked with a sense of peace of mind. In particular, I feel public health nurses were able to relax and see to their usual business.

As the meetings and study group were held regularly in 2013, we were able to share information with the Disaster Survivors' Life Support Office, support center staff, and public health nurses in the Social Welfare Division, and were able to confirm duplicate cases. In addition, the range of viewpoints from which we seek to understand our clients and support targets has expanded, making it easier for us to respond to a larger variety of cases. Finally, from the viewpoint of prevention, the increase in the number of consultations for people who have normal mental problems, and not just survivors, is a significant development.

4. Toward Next Year (FY 2014)

Iwanuma is relatively advanced in its progress for mass relocation to public disaster housing. Thus, there is an urgent need to create support systems that can operate after this relocation process, and I will continue to cooperate in watching over and providing support as a member of that team. We will continue to grasp the situation and aid private chartered housing residents and those who remain in at-risk areas, where support is likely to fade.

The cases of post-disaster problems we are often confronted with highlight the importance of daily preventive activities and the need for continuous support. In addition, I would like to consider what measures and initiatives are necessary to enable residents to control stress on their own.

Shiogama Activity Report

Stem Center, Shiogama Transfer
Psychiatric Social Worker – Izumi Watanabe

1. Introduction

On July 1, 2013, I joined the Community Support Division of the Stem Center and was transferred to the Health Promotion Division of the Shiogama City Health and Welfare Department (hereinafter referred to as the “Public Health Center”) five days a week. At first, as someone from outside the prefecture with no idea about the place, I was worried about being sent alone. I was also worried that I would not be able to understand the dialect of the residents of Shiogama City. However, thanks to the kindness of the staff of the Public Health Center and the people in the community, I was able to get used to Shiogama City in a short period of time, and those anxieties ended as needless fears.

While thinking about what I could do as a psychiatric social worker, I have tried to work to meet the needs of the city while making the most of my expertise.

2. Activity Content

(1) Shiogama’s Survivor Support Systems

After the earthquake, Shiogama has been supporting survivors mainly through public health nurses at Health Centers. Staff from the local psychiatric hospital, Midorigaoka Hospital, were also dispatched to the Public Health Center, and nurses, psychiatric social workers, and clinical psychologists also provided support for survivors here once a week. In addition to the author, two staff members from this Center joined support activities for private rental housing in Shiogama City twice a week. Finally, the Fureai Support Center of the city SWC aids individuals in container-type temporary housing.

(2) Daily Business

① Compilation of Private Chartered Housing Data

We have compiled the “2012 Survey on Health and Life” conducted among residents of private chartered housing.

② Visitation Activities

In addition to accompanying visits conducted by the staff of this Center to private chartered housing, in cooperation with the staff of Midorigaoka Hospital, we visited those who were judged to be high-risk based on the results of the city’s health surveys as well as those with mental illness. We also accompanied public health nurses at the Public Health Center on visitations to cases of mental illness. During these visitations, we were often just asked to listen to individuals’ stories; thus, our primary work during these visitations was listening.

③ Counseling Activities

Whenever we received telephone or desk consultations related to mental health, we conducted the first interview with the client and connected them to the Health Center staff. At that time, we sometimes introduced appropriate support organizations and systems.

④ Mental Health Projects

a. Relaxation Salon (Normal Edition)

Throughout the year, the Health Center held a relaxation salon for the general public. The purpose was to refresh the mind and body, no doubt tired from the disaster, and to communicate over tea. The contents included laughter yoga, stress check, health advice from a public health nurse, and teatime. (A gymnasium, public hall, and community center in the city were alternately used as venues.)

b. Relaxation Salon (Regional Edition)

As part of the prefecture’s suicide countermeasures project, we held relaxation salons for each neighborhood association. These were held from November to March, and 25 neighborhood associations, including the Urato Islands, participated using each of their own assembly halls. The content was selected by each neighborhood association, and five types of activities were performed: laughter yoga, square steps, health counseling, recreation, and

recreational dance. In addition, all participants were checked for stress and advised on stress relief.

Urato Katsurashima Temporary Meeting Hall Entrance



Salon space in neighborhood association assembly hall



c. Other

We conducted mental health lectures, gatekeeper training lectures, and other forms of support.

⑤ Support for Projects in Container-Type Housing

a. Rehabilitation Counseling

Rehabilitation counseling, massage, health consultation, blood pressure measurement, and an origami class by volunteers were conducted by Shiogama City Hospital staff (physiotherapist).

b. Recreation/Light Exercise

Light exercise (stretching, brown rice dumbbell exercises, ball exercises) was supervised by a recreation instructor.

c. Health Counseling

Health consultation (doctor), blood pressure measurement (nurse), and tea corner (by co-op volunteers) were provided by Saka General Hospital staff.

d. Exercise Class

Light exercise (stretching, ball exercises, etc.) was supervised by Saka General Hospital staff (health exercise therapist). These projects were held once a month at the Iboishi Temporary Meeting House. At that time, we went around the temporary construction to talk to the residents, prepare, clean up, and help volunteers.

3. Impressions and Looking Toward FY 2014

Three years have passed since the earthquake and affected areas have entered a new phase. In Shiogama, the development of public disaster housing is progressing, and relocations in the Iboishi area began in February. As new communities are formed, new challenges are expected to emerge. I would like to cooperate and assist where I can while sharing information with related organizations on what kind of involvement can be accomplished in each region.

To me, one of the most important parts of my work is the mental care of supporters. I am worried about the mental health of the city officials who have been working hard for the past three years, even though they themselves have been affected by the disaster. As a staff member of this Center, I would like to take care of the mental health of such supporters and take over some part of their duties whenever possible. In 2014 and beyond, I would like to actively become involved in places where support is needed.