

Social Worker Initiatives for Alcohol-Related Problems in the Wake of the Disaster
Report on the Ishinomaki Support Activities of the JASWA

JASWA
Disaster Area Support Project – Sakae Fujita

1. Introduction

It has been three years since the Great East Japan Earthquake struck. Alcohol-related issues are becoming significant community problems in disaster areas, increasing the burden of those involved in mental health care. In Ishinomaki, Miyagi, the JASWA has been working on interventions for post-disaster alcohol-related issues since September 2011. In FY 2012, together with the MDMHCC, we began building a collaborative system with local stakeholders. This paper reports on our activities in FY 2013, presents the results of our support work, and discusses future issues.

2. Project Objectives

The objectives of this project are to provide residents of disaster areas in Ishinomaki who are dealing with alcohol-related problems with mental health care and reconstruction support to help rebuild a stable life, and to equip local aid workers, via consultation, with the skills necessary to support individuals grappling with alcohol-related problems.

3. FY 2013 Project Content

The JASWA dispatched a small number of psychiatric social workers to Ishinomaki twice per month between April 2013 and March 2014 (second Fridays and fourth Wednesdays) to accomplish the following support work: (1) case consultation, (2) counseling interviews with the affected individual or their family, (3) accompanying public health nurses who conduct visitations to temporary housing, (4) attendance at collaboration meetings with affiliated persons in the community, (5) case study sessions, (6) service as lecturers for resident-focused sessions, and (7) planning and management of continued lectures and training workshops for local aid workers. The Ishinomaki City Health Promotion Division has coordinated these events, whereas the JASWA has provided the necessary manpower.

4. Project Progress and Results

Continuing from last year, details regarding the support initiatives that fell under the umbrellas of categories (1), (2), (3), and (4) above, all of which are individual support endeavors, are as follows.

(Tables 1 and 2). Our help was sought in 19 cases (10 new and nine continuing cases). These necessitated a total of 56 activity sessions, which consisted of visitation accompaniment, case consultation, and participation in case meetings. Case conferences were held for three of our 19 cases, with a total of eight conferences being held. Attendees included nurses and social workers from the Comprehensive Community Support Center, community welfare coordinators, area chiefs, supporters from the Disaster Recovery Support Measures Division of the city's SWC, public health nurses from the MDMHCC, public health nurses from the city Health Promotion Division, welfare officers, Abuse Prevention Center staff, and trainees. Case studies were implemented for two cases, and two study sessions were held. Participants included city public health nurses, the MDMHCC, nursing association health coordinators, the Comprehensive Community Support Center, Kaisei temporary clinics, Karakoro Station, and temporary supporters from the city's SWC.

Table 1: FY 2013 Caseload Breakdown

| Breakdown | Cases |
|------------|-------|
| New | 10 |
| Continuing | 9 |

Table 2: FY 2013 Support Cases by Content and Sessions

| Support Content | Cases | Sessions |
|-----------------------------|-----------------------------------|--|
| Visitation and consultation | 9 | 22 (3 involved interviews with family members only) |
| Consultation alone | 10 | 26 |
| Case conferences | 3 (Among new/continuing cases) | 8 |

This year, we continued individual support and simultaneously held the following training workshops for local helpers.

(1) Foundational Course in Alcohol

Continuing from FY 2012, we carried out the following training programming.

April 2013: “Building Community Relationships”

Lecturer: Eiko Oshima (NPO Recovery), 25 participants

May 2013: “Community-Based Aid for Alcohol Problems (How to Support Individuals with Their Communities)”

Lecturer: Eriko Sako (Recovery House Ichigo), 41 participants

(2) Practical Alcohol Training

November 2013: Lecture: “About Alcohol-Related Problems”

Practicum: “Thinking about alcohol-related issues with residents in an easy-to-understand manner”

Lecturers: Naoto Okazaki, Sumie Okada

December: Lecture: “About Alcohol Family Support”

Practicum: “What kind of support should be given to families with drinking problems?”

January 2014: Lecture: “Skills to Convey Alcohol Problems to the Community”

Practicum: “How to interact with people with drinking problems”

Participants in (1) and (2) were the government, the MDMHCC, medical care workers, temporary support staff of the city’s SWC, the Comprehensive Community Support Center, the nursing association, elderly people, and persons involved in disability welfare. A total of 77 persons took part in the training sessions in (2). Thirty-six individuals attended all sessions. This initiative was motivated by requests from local officials for “training sessions that offer knowledge about alcohol problems, equipping us with the practical skills to intervene in local alcohol-related problems and engage in the necessary communication with neighborhood council chairmen, supporters, and residents in general.” The JASWA planned and held training in line with this request. A certificate of completion was issued to the participants who attended all sessions.

(3) Resident Support

August 2013: “How to Properly Use Alcohol”

Location: Ohashi Temporary Housing, Ishinomaki

Targets: Ohashi residents, specifically those with alcohol-related problems or those interested in the topic

This was an awareness-raising training event, held at the request and with the cooperation of public health nurses, support staff, and neighborhood council chairmen, and it was a valuable experience for the JASWA as well.

(4) Other

We were covered by the Alcohol Drug Problem National Citizens' Association Quarterly Paper "Be!", and in issue 113 (published in December 2013), "Countermeasures against alcohol problems in the disaster area and wanting to develop the ability to change our communities by ourselves" was published. The contents described the progress of our projects since 2011 and the current status of drinking problems in disaster areas.

5. Future Issues and Prospects

The support we have provided since 2011 has succeeded in maintaining the momentum for local supporters to proactively tackle the alcohol problems that have surfaced after the disaster through the organization of workshops for local affiliated persons. Alcohol-related issues are often considered by local aid workers as "problems that they would want to avoid if possible." Indeed, previous responses to these problems have primarily involved calling the police or near-forcibly committing to specialized hospitals or psychiatric institutions individuals who are visibly drunk and causing trouble in their communities. In other words, these individuals have simply been recognized as nuisances to the community and have been dealt with through exclusion. As reconstruction drags on and residents of disaster areas find themselves unable to return to their normal lives, persons active in the mental health field have come to realize that unseen anxieties and worries are causing mental health issues in their communities. This trend can be seen in any disaster area, and alcohol problems are finally starting to become the target of proactive initiatives that seek to solve disaster-area problems that can no longer be overlooked, such as suicide and depression. As a result, there has been a shift away from exclusion toward collaborative response, a trend that can be seen in the topics brought up at our case study sessions. In particular, in Ishinomaki, people from various local aid organizations such as the Public Health Center, MDMHCC, Comprehensive Community Support Center, SWC, and medical institutions have begun to proactively form collaborative relationships with temporary housing supporters, neighborhood council chairmen, and other individuals with community roles to work toward educating residents and intervening in their problems.

It has been three years since the earthquake, and it has become clear that reconstruction of the affected areas will be a very lengthy process. Many survivors are persistently working to rebuild their lives in temporary housing. Under these circumstances, it can be said that the future task of the JASWA is to continue to be involved in the process of empowering communities to tackle their own alcohol problems.