

1. Introduction: Miyagi in the Present

The row of zelkova trees on the street is a symbol of Sendai, which is called the “City of Trees.” When the transparent young leaves sprout, people gather at the “Aoba Festival” and perform the sparrow dance. The dark green that blocks the midsummer sunshine brings a brief coolness to the shoppers who come and go. As autumn deepens, fallen leaves cover the streets, and the brilliance of the “pageant of light” that colors the winter sky fascinates people. Looking at the repeated movements of the trees, I feel “Oh, this city has certainly returned from the turmoil after the Great East Japan Earthquake.” Owing to the repair of the outer wall, the blue nets and scaffolding that covered the buildings here and there have decreased considerably. It seems that it is already more difficult to find a landscape that reminds us of those days in this city.

However, if you drive from the center of the city for more than 30 minutes, you will see a completely different sight—a dump truck that winds up dust in the seemingly interminable wilderness. Nothing is left that reminds us of the old seaside townscape. I think of the regrets of the many who died here that day. And I think of the “then” of the people who have spent many years here. If you turn your back on the beach, you can see the building district in the center of Sendai swaying beyond the wilderness. From here, many people have moved to somewhere in the city and are living “then.”

People have been left in varying circumstances in this disaster-stricken area, which is currently changing in line with the goal of reconstruction. There are those who are deeply sad and unable to see where they are, those who are forced to relocate with the feeling of nostalgia, and those who spend many years unrecovered. Some people have started a new life by visiting this unrelated area to support disasters. The disaster changed the composition of each community significantly, but complex emotions remain.

How should the organization called the MDMHCC deal with such local emotions? Even now, the challenge remains. Although long-term support is being called for, our activities are only in their second year. However, I think that the important elements related to disaster relief were summarized in the events during this period and the various conflicts that arose from them. In exploring the future activities of the Center and future disaster relief, I would like to once again follow the trajectory so far.

2. The Founding of Our Center: Looking Back on the First Year After the Disaster in the Prefecture

On November 1, 2011, about nine months after the disaster, the Miyagi Heart Care Center/Preparation Room was set up in an old multi-tenant building in the center of Sendai, the windows of which offer a view of the zelkova trees. The Preparation Room was established to fill the gap left by the withdrawal of various mental care teams that have been active since the earthquake. It was a turning point when the support system was significantly reorganized from short-term support by teams outside the prefecture to the start of long-term support by local organizations.

The five initial full-time staff included the author, a psychiatric social worker, a public health nurse, and two clerical staff, and a Tohoku University Graduate School of Medicine Preventive Psychiatry Endowed Course (hereinafter referred to as the “donated course”). It was composed of part-time staff including.

The idea of establishing the Center was actually proposed quite early after the disaster. The “Mental Care Measures Meeting” (composed of government officials and mental health and welfare organizations) has been held since March 15, 2011, and on April 26, the importance of an institution that would take charge of the domain of mental care was established. After that, Miyagi Prefecture consulted with the Miyagi Prefecture Mental Health and Welfare Association about the operation of the Center, and the prefectural extraordinary council in August approved its establishment and endowed courses, preparing for the opening of the Preparation Room <sup>1)2)</sup>.

On December 1, 2011, the Core Center was opened mainly by the members of the Preparation Room. The first thing we worked on was to create face-to-face relationships with local governments and related organizations, and to accurately grasp the situation in each region. I visited local governments in the coastal areas of the prefecture and Health Centers and gathered information.

While visiting various parts of the prefecture every day, I was busy responding to requests for donations and inspections from other prefectures. Furthermore, by April of the following year, we would be faced with unfamiliar tasks such as accepting short-term supporters, recruiting human resources for opening a Regional Center, and interviewing.

### 3. Several Issues Faced After Beginning Operations

Following the opening of the Core Center, on April 1, 2012, the Kesennuma Regional Center and Ishinomaki Area Centers were established, with a total of nearly 60 staff members, including part-time staff. The Core Center has a General Affairs Division, a Planning Division, and a Regional Support Division, and each Regional Center has a Regional Support Division (Fig.).

The Center's project is composed of six items, and the outline of project implementation for 2012 is as follows.

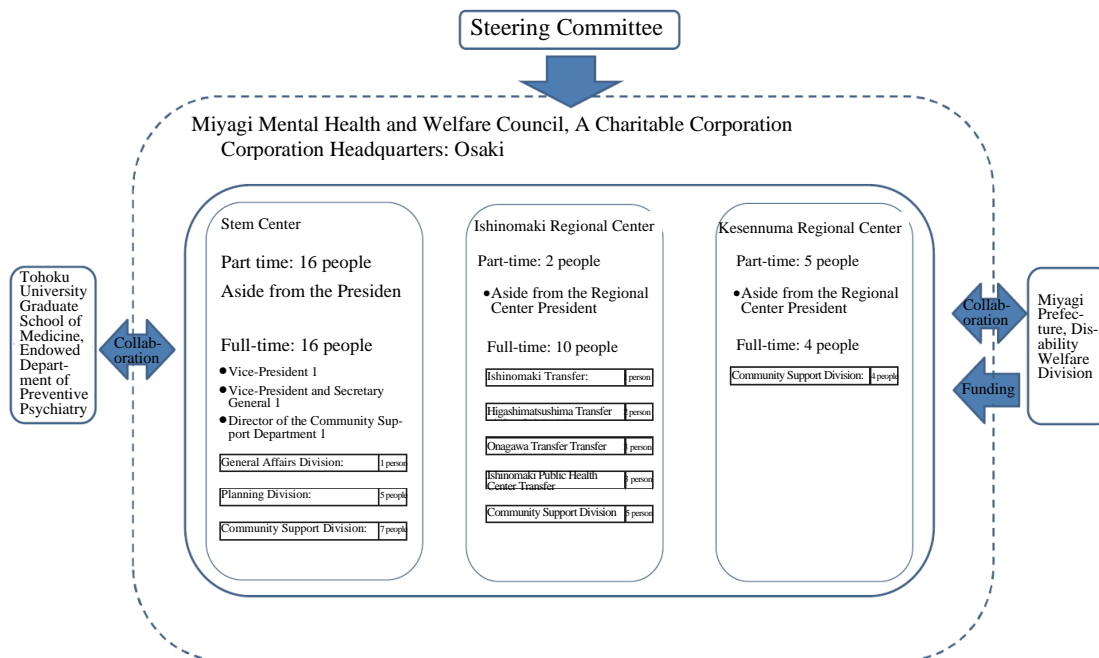


Figure: MDMHCC Organizational Diagram (April 1, 2012)

#### (1) Project Outlines

##### ① Raising Public Awareness

In order to raise awareness regarding various areas of concern after the earthquake, such as depression and alcohol-related problems, we published PR magazines and pamphlets for local residents, and also disseminated information through our website. In response to requests from related organizations, we conducted salon activities at workshops and lectures for local residents, prefabricated temporary housing meeting places, and so on, and also worked to disseminate information by appearing in the mass media.

##### ② Support for Supporters

Since the disaster, local personnel have been busy. Therefore, reducing the burden on local staff was cited as one of the main issues, and support was provided in response to requests. In addition to conducting individual consultations for local governments and SWC staff, the work environment was adjusted. Further, we visited a life support counselor (whose name is different for each local government) hired after the earthquake, accompanying them on visits for the purpose of giving advice on stress care and improving their skills in interpersonal assistance. In addition, we dispatched seconded staff to local governments and stationed them in cities and towns to reduce the staff's burden. This is one of the characteristic efforts of the Center.

##### ③ Human Resource Development

The experience and knowledge of various supporters, including Center staff, are different from the perspectives of both quality and quantity. Therefore, various workshops were held to improve

the skills of professionals and supporters. In addition, we will hold an earthquake mental care exchange meeting for the purpose of sharing information and facilitating exchanges between supporters in the prefecture, and a media conference for the purpose of improving understanding of mass media and mental health. We also implemented various projects while considering the current situation of the region and supporters.

④ Community Resident Support

In addition to responding to consultations by telephone and visits from local residents, we provided consultation support based on requests from local government officials and disaster area support groups. Further, various projects were implemented with the aim of rebuilding regional ties, such as day camps for parents and children in the disaster area, and exchange projects such as Koko Farm and an art exhibition through agricultural work at the Ishinomaki Regional Center.

⑤ Support for Various Activities

He advised and sponsored the planning of support groups and concerned parties. Last year, there was a lot of PR cooperation through sponsorship of lectures and events. In addition, at the above-mentioned earthquake care exchange meeting, we asked them to report on the efforts of private support groups, and provided an opportunity to explore ways of mutual exchange and cooperation among the groups.

⑥ Research Projects

In response to requests from survey implementation bodies such as endowed lectures and the SWC, we cooperated in health surveys targeting local residents and occupations. A multi-year survey is planned in the future, and it is expected to be an important project that reflects changes in the situation in the disaster area. The Center aims to actively carry out independent research.

These six items were set up by the staff at the time of the establishment of the Core Center. However, because we understood the importance of responding to the needs of the disaster area and backing up the people who have been active so far, the specific implementation contents and methods for each item differ greatly depending on each Regional Center. In the many areas where turmoil after the disaster remains despite the Center's initiation of full-scale operations, the following issues were confronted.

(2) Issues in the First Year

① Staff Versatility

The Center staff encompasses multiple occupations such as psychiatric social workers, clinical psychologists, public health nurses, psychiatrists, nurses, and occupational therapists (Table). The age structure ranges from new graduates in their 20s to veterans in their 60s, with more than 30 years of experience and a variety of backgrounds. In addition, employees who have lived in Miyagi Prefecture before the earthquake and experienced earthquake or tsunami damage, and employees who have been hired from other prefectures and have little knowledge of the local geography, work together while creating new relationships within the workplace. To ensure that the diversity of the staff does not pose a barrier to the task of supporting the disaster area, there is an emphasis on discussions and mutual understanding. However, many difficulties in achieving team cohesion remain. In addition, the staff who came to Miyagi from other prefectures were also psychologically burdened by the frequent aftershocks. Thus, it was necessary to understand the climate and regional characteristics of the area, and it was extraordinarily difficult to build a relationship of trust with the people in the disaster area.

Table: Staff and their Roles (As of 4/1/2012)

Job Type	Stem Center			Ishinomaki Regional Center			Kesennuma Regional Center			Total			Total
	Full-Time	Part-Time	Muni-cipal Transfer	Full-Time	Part-Time	Muni-cipal Transfer	Full-Time	Part-Time	Mun-icipal Transfer	Full-Time	Part-Time	Mun-icipal Transfer	
Doctor	1	7	0	0	1	0	0	3	0	1	11	0	12
Clinical psychologist	2	3	0	1	0	0	1	1	0	4	4	0	8
Psychiatric social worker	6	1	0	2	0	3 Higashimatsushima - 2 Onagawa - 1	2	1	0	10	2	3	15
Public health nurse	3	1	0	2	1	0	1	0	0	6	2	0	8
Nurse	0	4	0	0	0	1 Ishinomaki HC	0	0	0	0	4	1	5
Occupational therapist	0	0	0	0	0	1 Ishinomaki	0	0	0	0	0	1	1
Administrative	4	0	0	0	0	0	0	0	0	4	0	0	4
Total	16	16	0	5	2	5	4	5	0	25	23	5	53

② Helping Staff Gain a Mutual Understanding of the MDMHCC

Initially, each employee had different views on the organization called the MDMHCC. It took a lot of time to summarize the thoughts and images of each staff member and share the basic policies. Furthermore, there was a need to confirm daily procedures such as the preparation of business reports and accounting processes during discussions. By repeating such work many times, the organization gradually took shape.

③ Collaborations with Local Municipal Officials

The Center was suddenly born in Miyagi Prefecture after the earthquake. Therefore, it was necessary to clearly convey its role to existing government agencies and local officials so as to effectively work with them. However, at the time of its establishment, the basic guidelines for business were not necessarily clear. The reality was that the work content was decided in discussion with the staff. In addition, since the disaster situation and needs differed depending on the local government, we confirmed the needs of each region, decided what role we could play in response to them, and collaboratively decided on the support policy. Through such work, we made efforts to earn the trust of the local government.

④ Relationships and Division of Roles with External Organizations

Immediately after the earthquake, many support groups rushed to Miyagi Prefecture to carry out devoted activities. Therefore, with regard to the Center, which was established nine months after the earthquake, we had to give some thought to what role there was left for us to play and what kind of cooperation with various support groups was most desirable for the region. Now, our focus is on regional needs that are not being fully met or those that have newly emerged because of the withdrawal of support groups.

⑤ Collaborations within the MDMHCC

This Center consists of three subcenters. Although Miyagi Prefecture is smaller than Iwate and Fukushima Prefectures, it takes at least three hours by car to move between the Kesennuma Regional Center and the Core Center in Sendai. As the work of each Regional Center increased, it became increasingly difficult to secure a forum for discussions throughout the Center. Currently, we are considering the introduction of a web conferencing system.

⑥ Consideration for Regional Particularities

Each area has its unique circumstances, and we had to account for factors such as the impact of the merger of cities, towns, and villages, the existence of social resources and various services, differences between related organizations, and so on. In addition, the degree of damage and the situation of reconstruction also differed from region to region. It was necessary to promptly understand the circumstances in each region and take measures in consideration of them.

#### 4. Thoughts for Disaster Areas, Our Stance as Supporters

In 2012, when the Center began full-scale operation, we focused on building an organization and relationships of trust in each region in the face of the various issues mentioned above. If you mention the keyword of the activity, would it be “exploration”? Of course, there was no manual, but I remember that it was a series of “exploration” tasks while always checking the feel with the staff and various related parties.

However, this seemingly inefficient “exploration” may have been the most important attitude for support activities in the event of a disaster. If the strong feelings and thoughts of the supporter stand alone, there will be a divergence from local needs, leading to friction with local resources. I have witnessed several such scenes after the earthquake.

Based on the principles of “do what the victims want” and “do no harm,” we must value the attitude of flexibly adjusting support content based on disaster area needs. Advanced knowledge and skills are of no use without mutual trust. It is considered necessary to thoroughly incorporate this attitude not only in the future support activities of this Center but also in the overall support activities in the event of another disaster.

It seemed that people would slowly regain their composure as the pile of debris decreased, but contrary to expectations, the situation in the disaster area has become even more serious than last year. The steps of the reconstruction plan are different for each local government, and some people are frustrated and angry at the slowness of the process. Complex emotions are still swirling in the disaster area. In order to understand the situation in such areas, health surveys, mainly using the K6, have been conducted several times. However, as problems do not only occur in those whom surveys identify as high-risk, supporters work toward identifying unmet needs in their daily practice as well. Complex action using all means is required. After all, for the time being, it will be necessary to continue various “explorations.”

This year as well, the Center will continue to strengthen the connections it has cultivated so far and provide support that meets needs. I would like to give top priority to what is beneficial to the disaster area and continue to support it with a humble attitude.

#### 5. From Here

Exploration. This is a word I often heard when I visited the Disaster Mental Health Care Centers in Hyogo and Niigata Prefectures around the summer of 2011. At that time, the days after the disaster were still short, and it was completely uncertain how the region would change and what kind of support would be needed. We were very confused by unreliable predictions and unfounded rumors. Under such circumstances, we received a lot of valuable experience-based advice from the Mental Health Care Centers in both prefectures. For those of us who continued to search in the dark, it felt like a ray of light shining through.

Above all, I was strongly aware of the advice regarding measures to avoid high employee turnover. At this Center, managers frequently patrol each Regional Center and the destinations of staff, and respond to work-related issues and dissatisfaction to the greatest extent possible. It is thought that the reason why no one has left the company because of burnout is the careful consideration we have given to the valuable advice received.

We would like to take this opportunity to thank all the people involved in the Hyogo Prefecture Disaster Mental Health Care Center, the Niigata Disaster Mental Health Care Center, and the people who support our operations.

Let us think about the word “reconstruction” again. Recently, I’ve been thinking that it might just be something like a rainbow that actually reaches somewhere. “The only thing Tohoku people have is steadfastness. You have to do it steadily.” This is the line of a serial drama set in Tohoku that gained popularity this year. This line written by a scriptwriter from Miyagi Prefecture made me feel strongly about the reconstruction of Tohoku.

I still don’t know where I can get to. However, now I’m going to continue my daily activities like a Tohoku person. That day when the lights went out and the snow was falling, and people rushed home—let’s continue the steady steps from there to this day.

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## References

- 1) Hidekatsu Shirasawa. About opening a care center for Miyagi heart. Psychiatric medicine No.66. Criticism (2012).
- 2) Hiromasa Suzuki. Overview of Miyagi Heart Care Center. Bulletin of Miyagi Heart Care Center No. 1 (2013).