

Chapter I

Miyagi Disaster Mental Health Care Center Activity Status

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1. FY2019 Activity Report
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1. FY2019 Activity Report

FY2019 Activity Report by Project Item

FY2019 Miyagi Mental Care Forum Implementation Report

Children's Mental Care Community Base Project

FY2019 Activity Report by Project Item

Miyagi Disaster Mental Health Care Center
 Stem Center – Planning and Research Department
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Introduction

The proposition for FY2019, which marked the ninth year since the establishment of the Miyagi Disaster Mental Health Care Center (henceforth, the “Center”), was a summary of the activities thus far with related institutions and a study on the Center’s activities in the second period after FY2021, based on the “State of Mental Care and the System of the Miyagi Disaster Mental Health Care Center from FY2021 Onwards,” as presented by the prefecture.

We have held meetings with related institutions in each area since the beginning of the fiscal year. However, the COVID-19 pandemic in the latter half of the fiscal year affected multiple Center projects and prevented the implementation of various projects, such as home visit support, training projects, and meeting liaison coordination.

We report on the following, taking into account that the fiscal year was affected by special circumstances.

1. Overall Performance in FY2019

Table 1 below shows the number of cases for each of the project items.

The overall number of cases for resident support decreased from 6,451 in FY2018 to 6,308. However, when broken down by support division, the Kesenuma Center (2,235 cases in FY2018) and the Stem Center (1,099 cases in FY2018) showed decreases, while the Ishinomaki Center (1,229 cases in FY2018) and municipal secondment (1,767 cases in FY2018) increased.

With regard to other projects’ performance, supporter support showed slight decreases (1,390 cases in FY2018 → 1,183 cases), but no other projects have showed major changes in the implementation number since FY2018.

Table 1. Number of activities by affiliation

	Community support division by community center				Planning Department	Stem Center management	Part time / contract	Supporters, etc.	Total
	Kesenuma	Ishinomaki	Stem	Municipal secondment					
Resident support	2,190	1,318	400	2,013	31	51	7	28	6,038
Supporter support	59	228	210	590	1	50	5	40	1,183
Raising public awareness	182	35	22	75	43	43	13	2	415
Human resource development	24	12	13	4	32	35	8	5	133
Support for various activities	6	0	3	2	1	2	0	0	14
Research	1	0	0	0	1	9	0	0	11
Meeting liaison coordination	521	373	150	652	111	46	3	2	1,858

2. Changes for each project item

(1) Resident support (Table 2)

Regarding the number of cases handled, organized by support method, the overall decreased from 6,366 cases in FY2018 to 5,964 in FY 2019. Among these, the number of home visits has greatly decreased from 2,162 cases to 1,843. This is thought to be due to the decrease in the number of health survey responses, which are the primary source of home visit responses (490 cases in FY2018 → 296 cases, Table 3). There were no major changes in the number of cases using other support methods, and we can see that the opportunities for home visit responses are decreasing every year.

Table 2. Number of cases by support method (excluding letters; N = 5,964)

Support method	Number of cases
Consultations via home visits	1,843
Walk-in consultations (including correspondence at consultation desk, etc.)	1,806
Telephone consultations	1,917
Consultations in group activities	261
Case meetings (if subject is present)	13
Accompanying consultations	59
Other	65
Total	5,964

Table 3. Routes for initial support from the Center (multiple selections; N = 720)

Consultation route	Number of cases
Health survey / visits to all households	296
From administrative institutions	143
From an individual	162
From family/relatives	119
From support center / temporary housing support staff	2
From medical/welfare institutions	32
Other (neighborhood, workplace, unknown)	74

a. Gender, age, and employment status (Fig. 1)

There were no notable features emerging from the gender ratio in FY2018, but in FY2019, the percentage of male counselees was higher than female counselees in all generations, with the exception of the 51–60 age group; particularly high percentages were seen for the 61–70 and over 70 age groups.

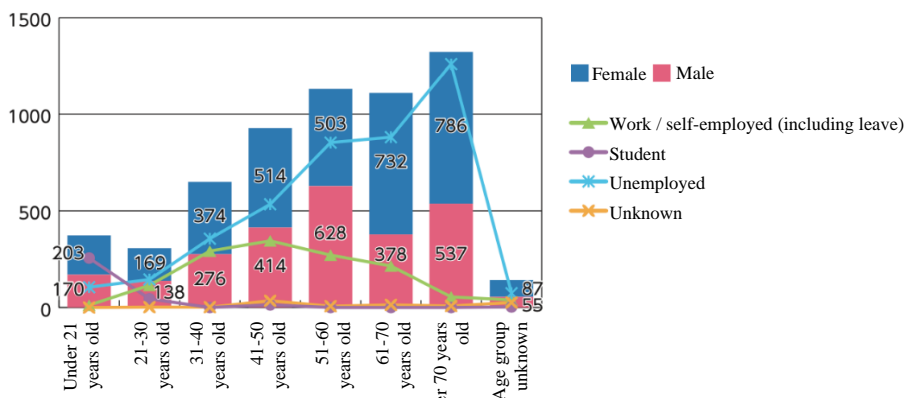


Fig. 1. Number of supported people by gender and age group (total number of cases; N = 5,964)

b. Disaster status

This shows the bereavement status and subject (Figs. 2, 3), as well as the disaster status, such as injury status (Figs. 4, 5) and housing damage (Figs. 6, 7). The overall number of subjects has somewhat decreased, but there were no major changes in the percentage for any item.

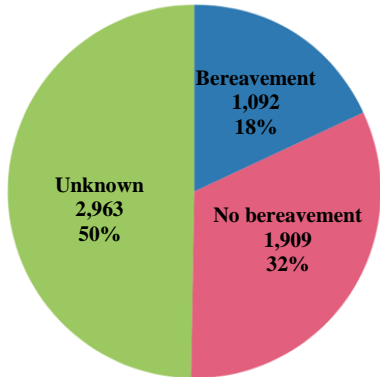


Fig. 2. Bereavement status (number of reported cases; N = 5,964)

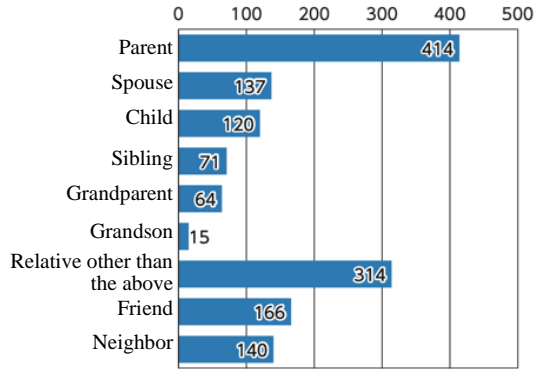


Fig. 3. Details of bereavement (number of reported cases, multiple selection; N = 1,092)

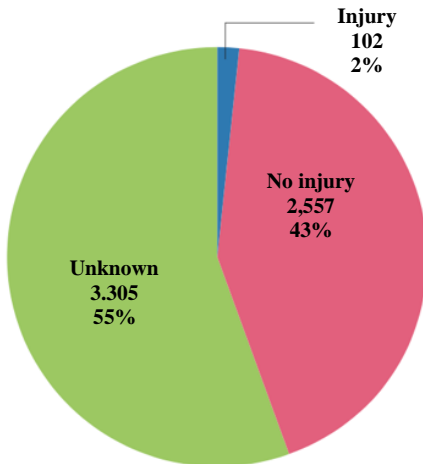


Fig. 4. Presence or absence of injury to the individual or close relatives (number of reported cases; N = 5,964)

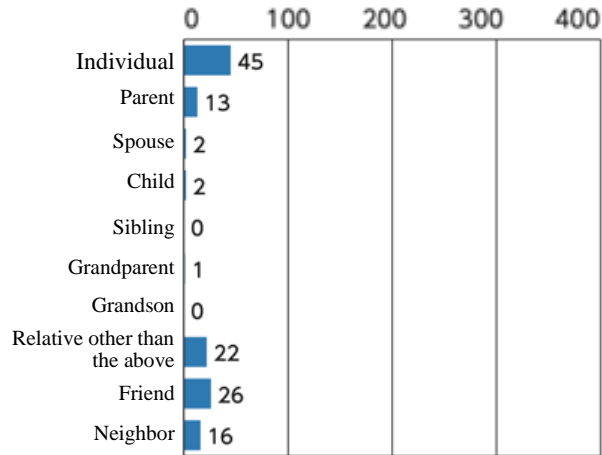


Fig. 5. Details of injuries (number of reported cases, multiple selection; N = 102)

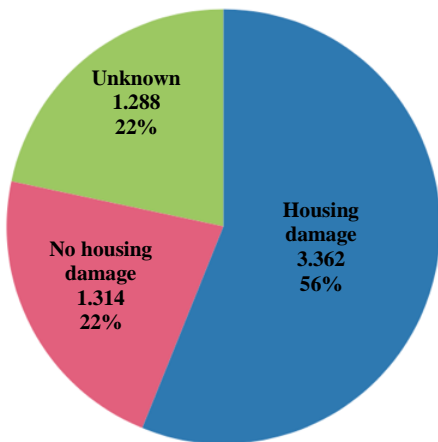


Fig. 6. Presence or absence of housing damage (number of reported cases; N = 5,964)

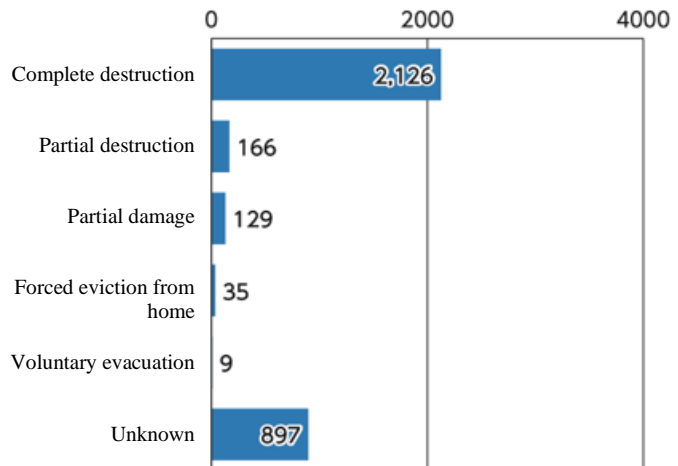


Fig. 7. Details of housing damage (number of reported cases; N = 3,362)

c. Living conditions (Table 4, Figs. 8 and 9)

This section confirms the current living conditions. In all areas, most residents either rebuilt their homes or live in disaster public housing. We can see that the percentage of residents living in temporary housing has decreased considerably compared to initial levels (Table 4). When comparing subjects' living conditions by division, it is evident that the percentage of people transferring from disaster public housing in the Ishinomaki area and the percentage of residents living at home in the Kesennuma area were both high (Fig. 8). Furthermore, the high percentage of people living alone in disaster public housing remained at the same level as in FY2018 (Fig. 9).

Table 4. Current living environment (number of reported cases; N = 5,964)

Living environment	Number of cases
Resident in own home	3,315
Resident in prefabricated temporary housing	28
Resident in private chartered temporary housing	30
Resident in disaster public housing	2,404
Other/unknown	187

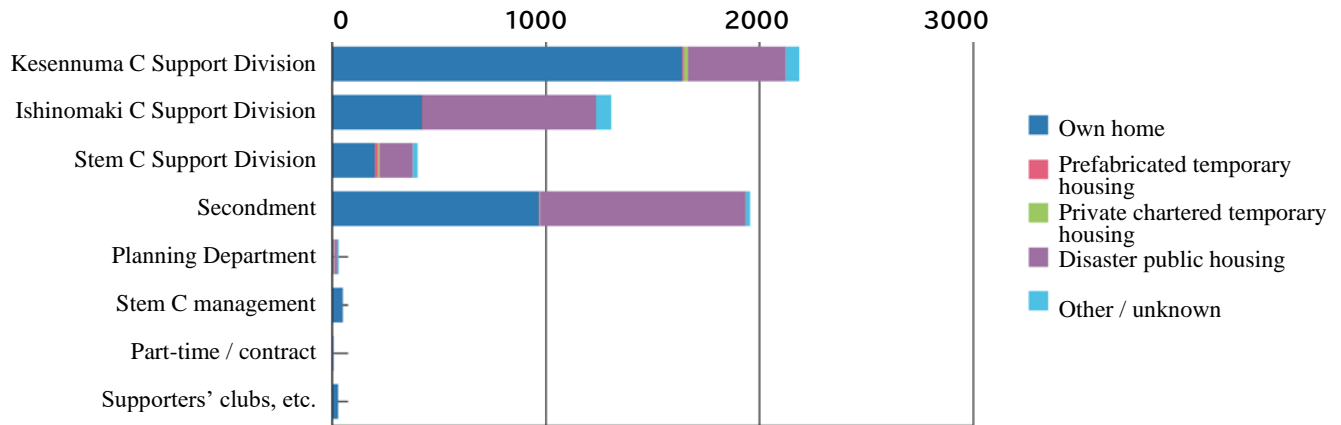


Fig. 8. Current living conditions for each division

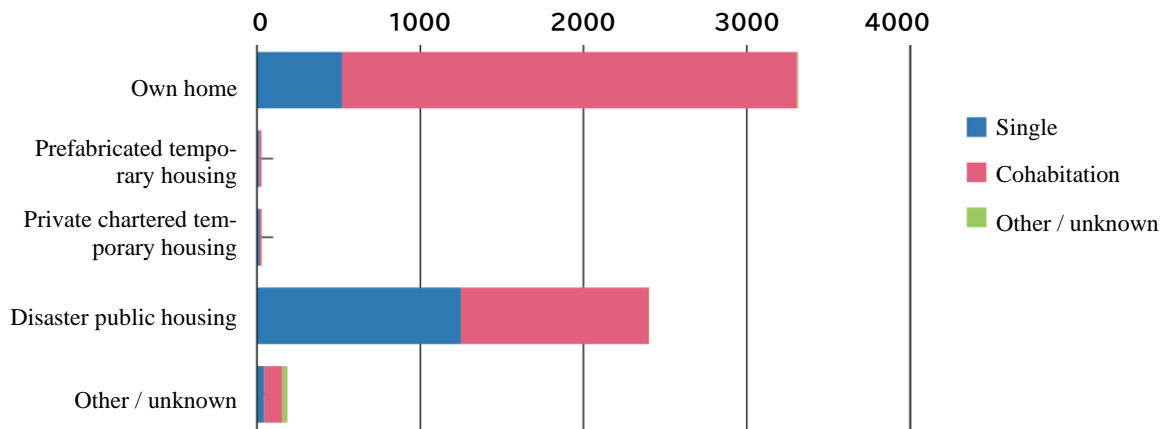


Fig. 9. Living environment and household conditions (number of reported cases; N = 5,964)

d. Consultation background (Fig. 10)

No changes have been seen since FY2018 for the top five items. Slight percentage decreases since FY2018 were seen for “addiction” (FY2018, 14.4% → 11.1%) and “anxiety about the future” (FY2018, 9.4% → 4.3%), while an increase was seen for “utilization of social resources” (FY2018, 7.2% → 9.0%).

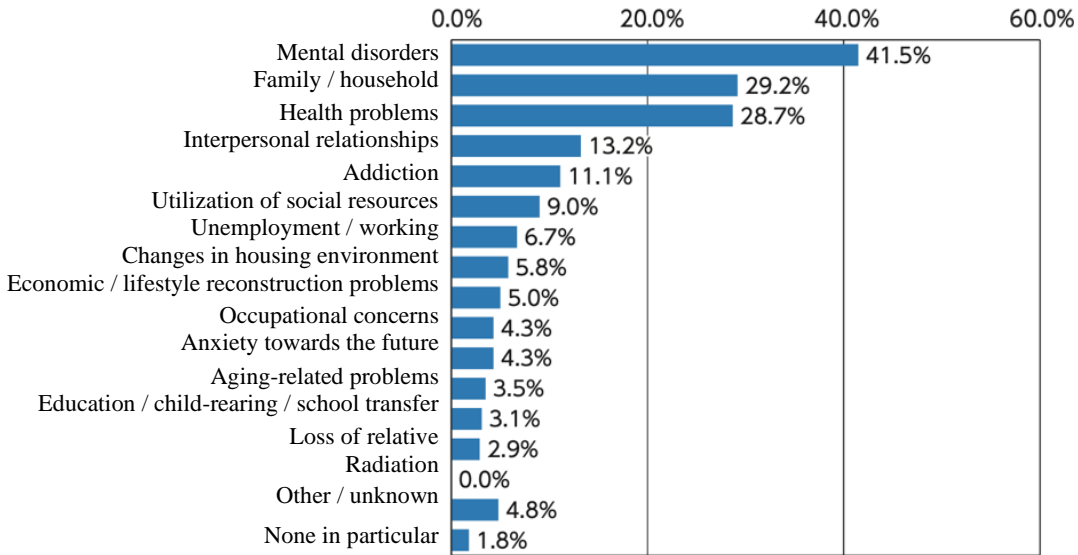


Fig. 10. Percentage of consultation backgrounds among the valid responses (number of reported cases, multiple responses; N = 5,964)

e. Mental disorders (Fig. 11)

Other than a slight increase in mood-related/affective symptoms and hallucinatory/delusional symptoms (FY2018, 25.2% → 26.4%) and a slight decrease in addiction problems (FY2018, 7.6% → 7.0%), there were no changes of note in comparison with FY2018.

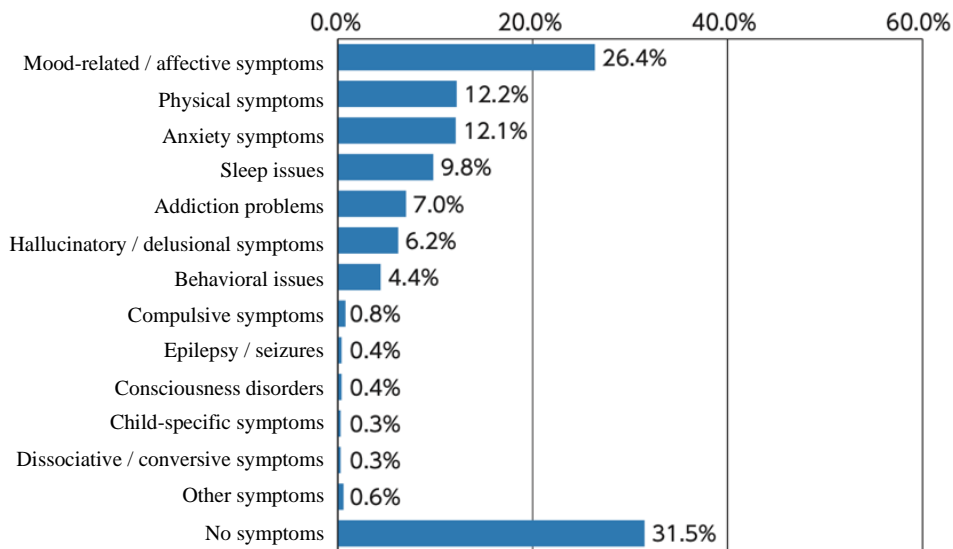


Fig. 11. Percentage breakdown of mental disorders among the valid responses (number of reported cases, multiple responses; N = 5,964)

- f. Presence of psychiatric consultation, illness name, time of onset, and current treatment history (Table 5, Fig. 12)

With regard to consultation history and current treatment status, the total number of cases has somewhat decreased since FY2018, but the total ratio compositions are virtually identical to those in FY2018. With regard to the “number of cases by illness category for those with consultation history present/a diagnosed illness,” there was an increased number of cases for F3 (FY2018, 777 cases → 964 cases) and F0 (FY2018, 33 cases → 95 cases), and a decreased number of cases for F2 (FY2018, 700 cases → 523 cases) and F1 (FY2018, 367 cases → 184 cases).

The trends (percentages) of a high pre-disaster onset for F2 and a high post-disaster onset for F2 were the same as in the previous years.

Table 5. Consultation history and current treatment status (number of reported cases; N = 5,964)

Psychiatric consultation		Number of cases
Consultation history present	(ongoing treatment)	2,070
	(treatment concluded)	165
	(treatment suspended)	510
	(untreated)	33
	(unknown treatment status)	54
Consultation history absent		2,371
Consultation history unknown		761

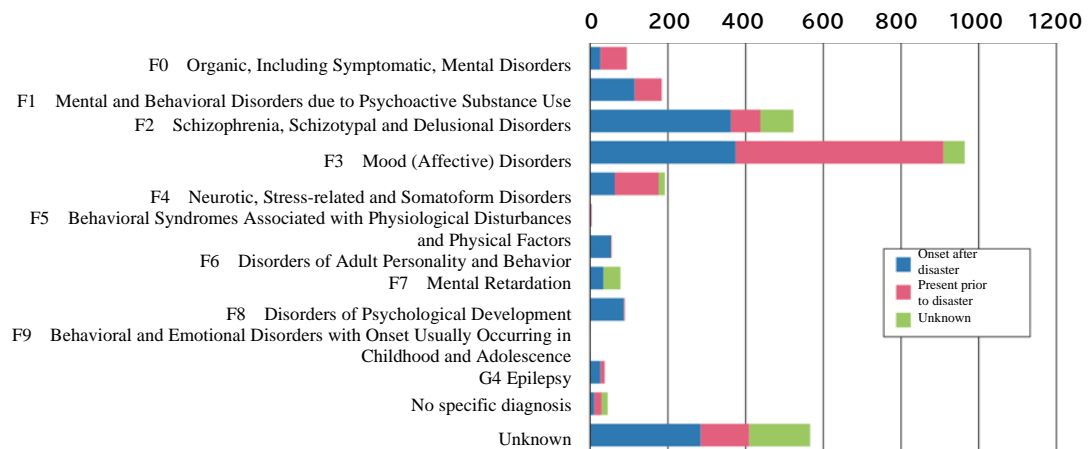


Fig. 12. Number of cases by illness classification for persons with a history of consultation / a diagnosed illness (number of reported cases, multiple responses; N = 2,832)

②. Support content

- a. Number of cases by support method for each division (Fig. 13)

The total number of cases handled slightly decreased from 6,366 cases in FY2018 to 5,964 cases in FY2019. There were no major changes in the number of cases handled at the Kesenuma Center and the Ishinomaki Center, but the number of cases handled by seconded individuals has increased, and there have been decreases in the Stem Center Support Division since FY2018.

When looking at the breakdown by division, the Kesenuma Center had a high percentage of walk-in consultations. In contrast, at the Ishinomaki Center, home visits and telephone correspondence had the highest percentages. The number of telephone correspondence cases at the Stem Center Support Division was small, and we can see differences in correspondence by area. These trends have remained unchanged since FY2018.

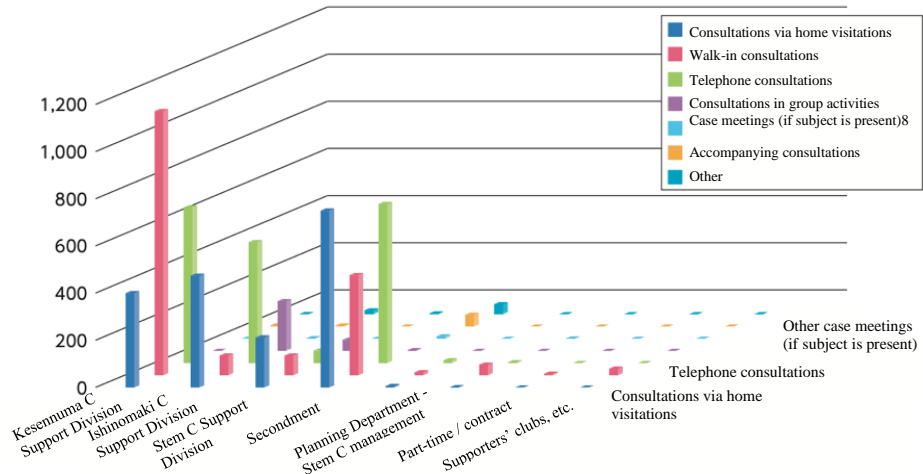


Fig. 13. Number of cases by support method for each division (number of reported cases; N = 5,964)

b. Breakdown of counselees (Fig. 14)

As in FY2018, the majority of counselees were individuals, followed by family and relatives, and this trend has continued, as in previous years. “Other supporters” has been declining each year, and the FY2019 portion was approximately half that of FY2018. It is thought that the cause is the decrease in the number of earthquake disaster-related supporters due to the withdrawal of support organizations.

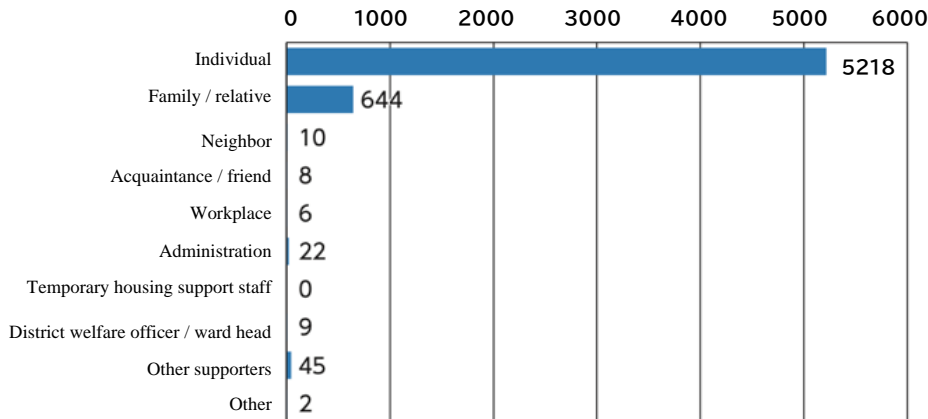


Fig. 14. Number of cases by counselee (N = 5,964)

c. Attendance by other institutions (Fig. 15)

Cooperation with local governments comprised a majority, as in previous years, but its percentage decreased in FY2019 (FY2018, 71% → 66.3%), while cooperation with medical institutions (FY2018, 6.7% → 13.9%) and health centers (FY2018, 3.6% → 7.4%) has increased.

In each division (Fig. 16), seconded individuals cooperated with medical institutions, health centers, and welfare-related organizations other than those in charge of local government. Notable characteristics of individual centers include the Kesennuma Center’s high level of cooperation with other related organizations and the Stem Center Support Division being almost entirely comprised of local government officials, whose attendance was also high.

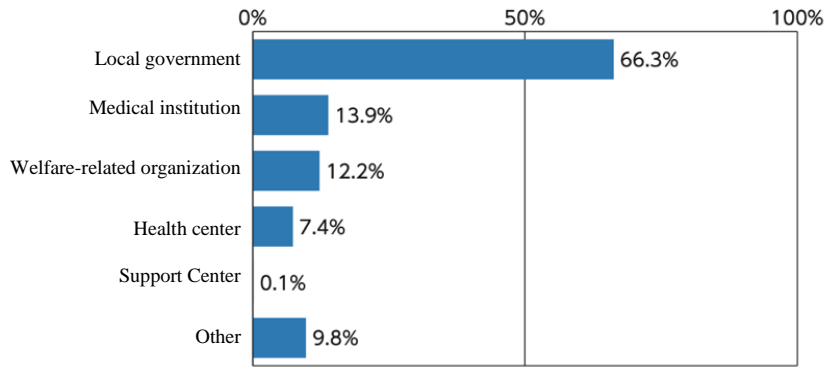


Fig. 15. Percentage of other attending institutions among the valid responses (number of reported cases, multiple selection; N = 923)

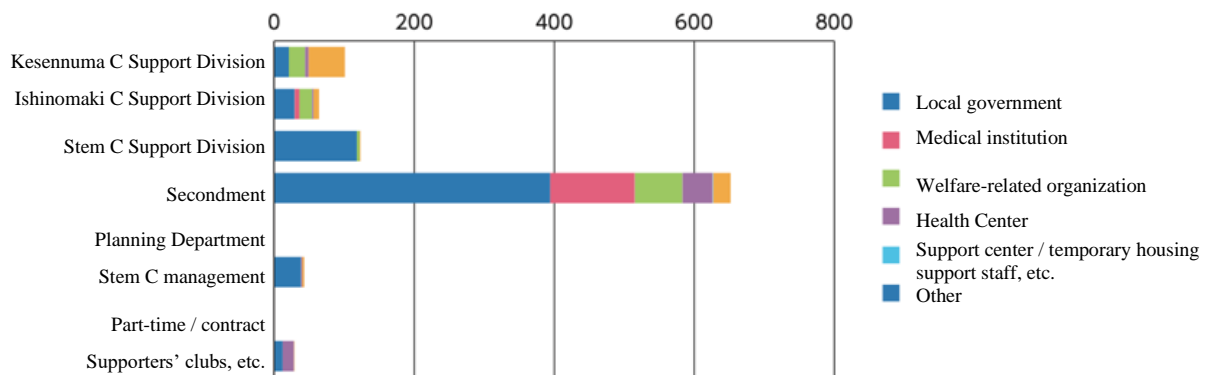


Fig. 16. Breakdown of other attending institutions by division (number of reported cases, multiple selection; N = 923)

③. Support conclusion status

With regard to the outcome following response, a large percentage indicated “ongoing,” as in FY2018 (Table 6). When compared to FY2018, the percentage of “regular interviews” increased from 49% to 56%, but otherwise no major changes were seen.

With regard to the breakdown of referrals to other institutions, the percentage of referrals to “local governments” decreased (FY2018, 56.8% → 42.4%), while the percentage of referrals to “welfare institutions” and “medical institutions” increased (FY2018, 16.8% → 22.7% and FY2018, 16.8% → 24.2%, respectively).

Table 6. Outcome (N = 5,964)

Correspondence status	Number of cases	
Ongoing (total)	Regular interview	3,393
	Interview when needed	1,937
	Other	0
Concluded (actual number)	Improvement of status	553
	Referral to another institution	66
	Support refused	13
	Other	2

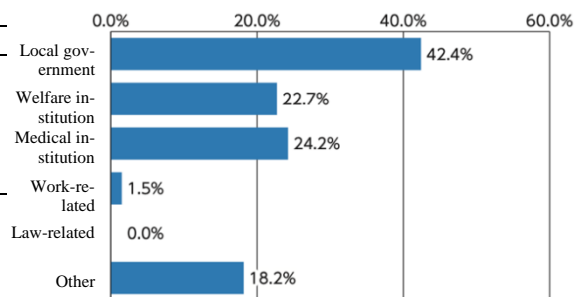


Fig. 17. Percentage breakdown of referrals to other institutions among the valid responses (number of reported cases, multiple selection; N = 66)

④. Summary

The total number of cases in FY2019 decreased by about 400: from 6,451 in FY2018 to 6,038 in FY2019 (for comparison, FY2016: 6,752 cases; FY2017: 7,237 cases). The primary reason for this is thought to be the large decrease in the number of cases handled by the Stem Center Support Division, which dropped to less than half that of FY2018 (FY2018: 1,099 cases → 400 cases). This is thought to be attributable to the decrease in the number of home visits after the administration of health surveys of the relevant areas at the request of local governments in connection with stabilizing living conditions, as well as the handing over of duties taken on by the Center in anticipation of the second phase of the Miyagi Disaster Mental Health Care Center to local government officials from FY2021 onward.

For each consultation background item (Fig. 10), such as mental disorder breakdown (Fig. 11) and presence of consultation history by disease (Fig. 12), items related to addiction have decreased in proportion or rank, revealing changes in the issues faced by the coastal regions.

With regard to the number of cases handled, the Kesenuma Center remained virtually the same as in FY2018 (FY2018, 2,235 cases → 2,190 cases), while the number of cases handled by the Ishinomaki Center and seconded individuals increased, and the coastal areas continued to handle a large volume of cases (Ishinomaki Center: FY2018, 1,229 → 1,318 cases) (seconded individuals: FY2018, 1,767 cases → 2,013 cases). Home visits and interviews were greatly restricted in the latter half of the fiscal year due to the COVID-19 pandemic, but these were not reflected in numerical values.

(2) Supporter support

We provided support for supporters in affected areas through participation in case meetings and the hosting of workshops. We offered advice and guidance from a professional standpoint and also implemented professional dispatches to local governments.

①. Support recipients (Table 7)

Looking at the supporter support implementation content, the number of cases handled slightly decreased (FY2018, 1,390 cases → 1,183 cases). However, “professional guidance/advice” and “case meetings,” which were associated with a large volume of cases in FY2018 decreased considerably (FY2018, 344 cases → 190 cases; FY2018, 339 cases → 236 cases).

Many of the subjects were government officials, followed by associates in education, welfare, and medicine, although small in number (Fig. 18).

The breakdown by implementation of supporter support according to division (Fig. 19) shows that the total number of seconded individuals far exceeded that of other divisions. A further breakdown of this showed that support for administrative work constituted a large percentage. High participation percentages for the “establishment of mental consultation desks” at the Kesenuma Center, “professional advice/guidance” at the Ishinomaki Center, and “case meetings” at the Stem Center Support Division were seen, and it is evident that each area was different. Stem Center management occupations and supporters’ clubs had a high percentage of “professional advice/guidance.”

Other than the significant decrease in the number of cases handled at the Stem Center Support Division, there were no major changes in either the number or content compared to FY2018.

As for a breakdown of professional advice and guidance (Table 8), alcohol problems and abuse decreased respectively from 39 cases and 59 cases in FY2018 to 14 cases and 25 cases in FY2019. The breakdown by division (Fig. 20) shows that the overall number of cases decreased from 344 cases in FY2018 to 190 cases, with a significantly lower percentage in the Stem Center Support Division and among seconded individuals. A breakdown of the 145 cases in the “Other” section, which had the largest percentage, shows that it was due to the “advice/guidance (excluding “abuse”)” related to children’s mental health.

Table 7. Supporter support implementation status (number of reported cases; N = 1,183)

Support content	Number of cases	Number of subjects
Reports after home visits/interviews	89	123
Professional guidance/advice	190	749
Community issues	22	112
Occupational mental care	13	42
Case meetings (if the subject is absent)	236	1,055
Establishment of mental consultation desks	63	77
Medical examination support	118	365
Administrative work support	384	650
Other	68	370
Total	1,183	3,543

Table 8. Details of professional guidance/advice (number of reported cases, multiple selection; N = 190)

Details of professional guidance/advice	Number of cases
Alcohol problems	14
Gambling problems	0
Substance abuse problems	1
Depression	14
Complicated grief	0
Post-Traumatic Stress Disorder	2
Abuse	25
Other	145

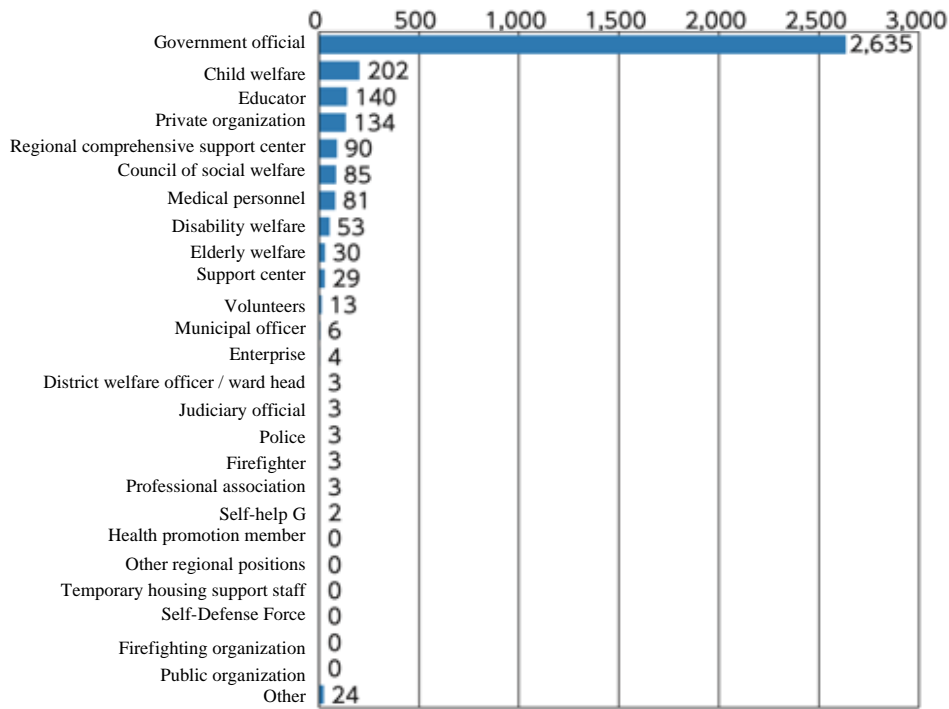


Fig. 18. Details about support recipients (total number of reported cases; N = 3,543)

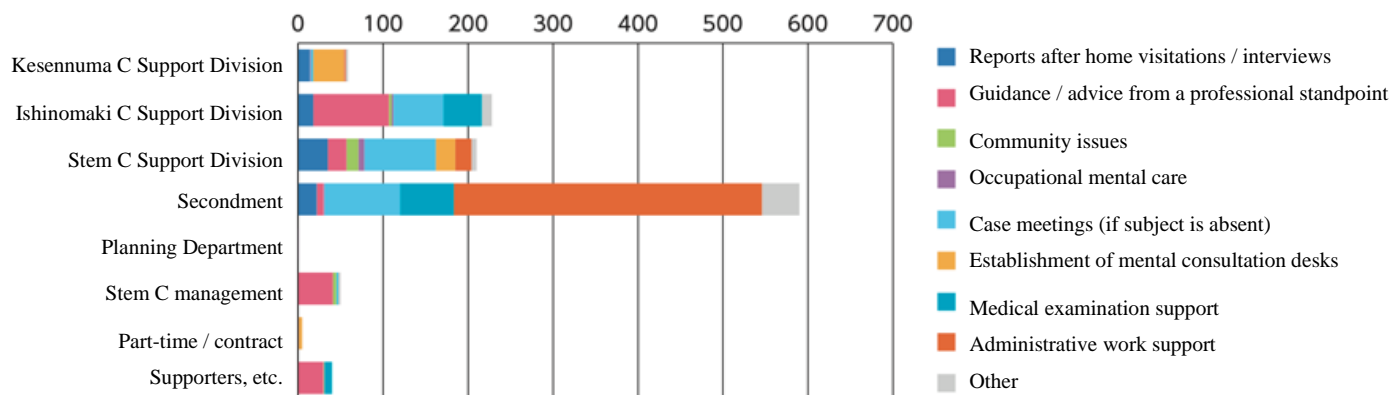


Fig. 19. Supporter support implementation status by division (number of reported cases, multiple selection; N = 1,183)

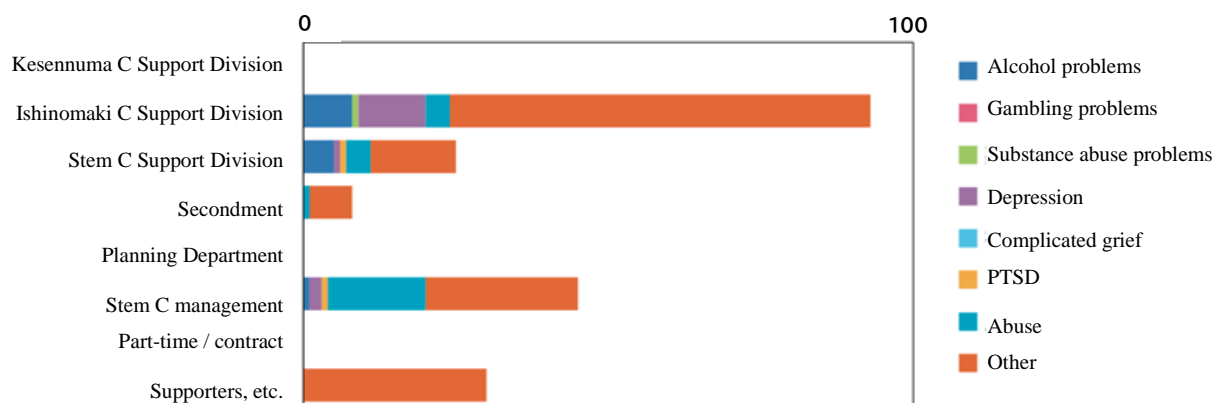


Fig. 20. Details of professional guidance/advice by division (number of reported cases, multiple selection; N = 190)

②. Placement of professionals in local governments

Seconded individuals were dispatched in response to requests from local governments for FY2019 as well. Seven individuals were assigned to seven local governments, as in FY2018. One was an occupational therapist (Ishinomaki), and the others were psychiatric social workers (Kesenuma, Minamisanriku, Onagawa, Higashimatsushima, Shiogama, and Natori).

Dispatches to Ishinomaki and Shiogama concluded in FY2019, and it is anticipated that all seconded individual dispatches will be concluded in FY2020.

③. Summary

The number of cases for supporter support project implementation decreased from 1,390 cases in FY2018 to 1,183 cases in FY2019 and has shown a tendency to decline annually. The number of resident support-related consultation cases has decreased, and decreases in the percentage of alcohol problems in seeking professional advice/guidance have been seen, particularly for seconded individuals.

A factor in the overall decrease in the number of cases for supporter support implementation in FY2019 was the transition to the phase two mental care center at the end of FY2020. Some local governments have reviewed the role that the Center has continuously taken on until now and have begun to investigate new project implementation systems for the future. Particularly for the area that was managed by the Stem Center Community Support Division, initiatives for cooperation with local government officials have been seen for home visits, which have been handled by the Center until now; new practices are being implemented with an eye to the future of local governments.

(3) Raising public awareness

In addition to creating products for raising public awareness and distributing them when hosting public awareness dissemination workshops, we also used websites and mailed magazines to distribute training information and related information sponsored by related organizations. We established mental consultation desks at hosted events and also handled extra-prefectural inspections and media coverage.

①. Issuance of products for raising public awareness and production content

In addition to distributing new posters addressing children’s self-care at public elementary and junior high schools and educational committees in FY2019 (excluding Sendai city), we also distributed clear files with the same content to participants at children’s workshops (Table 9).

Table 9. Pamphlet creation status

Distribution area	Title/Content	New/Reprinted	Number of copies
Entire prefecture	Miyagi Disaster Mental Health Care Center pamphlet	Reprint	4,000
	Symptoms and illnesses occurring due to alcohol consumption	Reprint	3,000
	Comprehension and response to children’s mental health	Reprint	1,000
	Clear files on self-care that even children can do (for children)	New	400
	Clear files on self-care that even children can do (for the general public)	New	400
	Poster on self-care that even children can do	New	550

②. Public awareness dissemination training (Table 10)

We have identified a certain quantifiable degree of need related to “About stress and mental care/self-care” and “About addiction problems (alcohol problems, etc.)” every year until now, but these both decreased in FY2019. Content related to the earthquake disaster, such as “Mental reactions after the earthquake disaster” and “About the status of the affected area and the Center’s activities” are also decreasing annually, but “The earthquake disaster’s effect on children” has been increasing since FY2018 (FY2018: 3 cases → 9 cases).

Table 10. Details of public awareness dissemination training (N = 69)

	Frequency	Number of participants
Mental reactions after the earthquake disaster	0	0
About mental illness	7	188
Basic skills when listening to stories (focusing your attention, handling bereaved families, etc.)	4	141
About addiction problems (alcohol problems, etc.)	20	113
The earthquake disaster’s effect on children	9	342
About stress and mental care/self-care	26	1,047
About physical health	0	0
About occupational mental health	2	33
About the status of the affected area and the Center’s activities	1	4

③. Salon activities

In addition to seconded individuals’ cooperation in hosting local government-sponsored salons (local resident exchange projects), each support center has held various salon activities as a venue for resident gatherings and exchange (Table 11). However, these activities are in a transitional period. There are clubs that have already concluded their operations and are transitioning to alumni associations, such as the Koko Café in Kesenuma and the Men’s Club in Natori. Investigations into Koko Farm’s and Utsukushima Salon’s current activities have been conducted to determine how they should operate in the future. Participants have voiced a desire for their continuation, but there has been no confirmation from the prefectures that they will act as contractors after FY2021, hence the need to clarify their direction during FY2020. At the Utsukushima Salon, discussion periods have been set up with participants from FY2018, and investigations have been conducted concerning future hosting situations. However, this has been suspended since March 2020 due to the impact of COVID-19, and the discussions have not made any headway.

Table 11. Salon activities (N = 124)

	Each center's community support division				Other	Total
	Kesennuma	Ishinomaki	Stem	Second-ment		
Sponsored/co-sponsored salons	29	17	15	0	14	75
Cooperation from other institutions for salons	9	0	0	40	0	49

④. Summary

We have been publishing the English version of the bulletin on the Center's website since FY2018 to promote our initiatives. Vols. 5 and 6 were published in FY2019, and we also created English versions of Vols. 3, 4, and 7. We will continue to publish all future bulletins, and we are also investigating the publication of official activity records that are scheduled to be issued in the future. We would like to continue to actively utilize the website as a tool to disseminate our efforts thus far.

(4) Human resource development (Table 12)

We hosted various workshops and case study meetings for professionals and supporters. Addiction-related workshops primarily focused on alcohol have been on a decreasing trajectory annually, but each year there have been many requests for participation in the in-hospital training implemented for local government employees. Support skills workshops with themes such as attentive listening, stress, and self-care have shown a decreased overall number of implemented cases since FY2018, but the "Other" item has increased, up from 37 cases in FY2018. A breakdown includes mental exercise workshops, a psychological support skills improvement course, psychological first aid, and CBT workshops co-sponsored by the Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry (henceforth, "Endowed department"); in addition, there are the World Health Organization (WHO) edition PFA workshops and the children's edition PFA workshops. The preventive course concluded its activities in FY2019, but there is still a strong need for some of the workshops that have been sponsored until now. Nine years after the earthquake disaster, interest in support has changed; thus, is necessary to determine how to respond to community supporters' needs in the future.

Table 12. Human resource development implementation status (N = 133)

Content	Frequency	Number of participants
Earthquake disaster exchange meeting	0	0
Media conference	0	0
Addiction-related problems (About alcohol)	10	175
(About other addictions)	(0)	(0)
Support skills workshop (About attentive listening)	50	1,399
(About stress and mental care/self-care)	(1)	(150)
(Other)	(2)	(34)
Supporter mental health workshop	(47)	(1,215)
Occupational mental health workshop	8	186
Children's mental health workshop	8	176
Elderly mental health workshop	19	1,547
Suicide countermeasure-related workshop	3	247
Mental illness/disability workshop	17	733
Status of the affected area and the Center's activities	7	557
Case study	8	312
Other	1	14
	2	44
Total	133	5,390

(5) Research (Table 13)

Research presentations at academic societies and symposia numbered 11 in FY2019, including three presentations overseas. Bulletin Vol. 7 was also published in FY2019 and widely distributed to associated institutions.

Table 13. Research

Activity year	Activity month	Presenter	Research title	Details
2019	June	Naru Fukuchi	Mothers' mental health and community support practices	Presented as "Mothers' mental health and community support practices" at the 18 th Japanese Society for Traumatic Stress Studies (Kyoto, June 15–16, 2019) Symposium D-1, [Development/mental health of children born after the Great East Japan Earthquake and family support — current status of the affected area eight years later].
2019	June	Mitsuaki Katayanagi	School education in areas affected by the Great East Japan Earthquake and public awareness dissemination activities through psychiatric/medical care/welfare cooperation	Presented as "School education in areas affected by the Great East Japan Earthquake and public awareness dissemination activities through psychiatric/medical care/welfare cooperation" at the 115 th Japanese Society of Psychiatry and Neurology Annual Meeting (Niigata Prefecture, June 20–22, 2019) Symposium 13 [Cooperation in schools and communities toward mental health prevention].
2019	June	Naru Fukuchi	Mental health of mothers who have children born after the 2011 disaster	Planned for the 18 th European Society for Child and Adolescent Psychiatry (ESCAP) International Congress (Vienna, June 30–July 2, 2019) in the child cohort-related symposium S-16 [Current situation and challenges, and future direction in the disaster areas after the Great East Japan Earthquake (GEJE)- Multiple outcomes from a longitudinal study targeting children and families]. Also presented by a symposiast under the title "Mental health of mothers who have children born after the 2011 disaster."
2019	August	Naru Fukuchi	Reactions to children's mental health and support for children's mental health	Lecture presented as "Reactions to children's mental health and support for children's mental health" at the 29 th Conference of the Japanese Society of Child Health Nursing (Sapporo, August 3–4, 2019), disaster-related theme session.
2019	August	Naru Fukuchi	Interviewing adoptive and foster parents who have children with developmental disabilities: preliminary interview for developing special parent training programs	Presented as "Interviewing adoptive and foster parents who have children with developmental disabilities: preliminary interview for developing special parent training programs" at the Jyväskylä University International Exchange Meeting – Japan-Jyväskylä Foster Parents Research Conference (Finland, August 29, 2019), reports from Japan.
2019	August	Yuichi Watanabe	Significance and issues of salon activities in the affected area — the progress of salon activities for evacuees from outside Fukushima Prefecture	Presented as "Significance and issues of salon activities in the affected area — the progress of salon activities for evacuees from outside Fukushima Prefecture" during the 18 th Japanese Association of Psychiatric Social Workers Annual Meeting (Nagoya, August 30–31, 2019).
2019	September	Hiromi Nakagawa	Creation of the FY2018 Bulletin Vol. 7	FY2018 Bulletin Vol. 7 was created and issued, and distributed to 944 locations.
2019	September	Naru Fukuchi	Challenges to be tackled in the community in preparation for a major disaster	Presented as "Challenges to be tackled in the community in preparation for a major disaster" at the 37 th Japanese Society of Psychosomatic Pediatrics Annual Meeting [Creating a loving and peaceful future for children — collective wisdom of pediatric psychosomatic medicine] (Hiroshima Prefecture, September 13–15, 2019), disaster-related session.
2019	October	Yuichi Watanabe	What impact did outreach support after the earthquake disaster have on community mental health and welfare?	Participated in the 27 th Japanese Association for Emergency Psychiatry Annual Meeting (Miyagi Prefecture, October 18–19, 2019) Symposium 1 [New community care practices in the affected area, from preventative activities to psychiatric emergency — outreach activities in the three affected prefectures]. Fukuchi chaired the symposium, and Watanabe provided the topic "What

				impact did outreach support after the earthquake disaster have on community mental health and welfare?"
2019	November	Naru Fuku-chi	Examination of adoption support for raising children with developmental disabilities — insights based on the qualitative analysis of adoption interviews	Poster presentation of “Examination of adoption support for raising children with developmental disabilities — insights based on the qualitative analysis of adoption interviews” at the 122 nd Japanese Society of Pediatric Psychiatry and Neurology (Fukui Prefecture, November 2-3, 2019), poster session. Collaborators: Kansai Medical University, Dr. Ishizaki, and six others
2019	November	Naru Fuku-chi	The psychological impact of the 2011 disaster on the Japanese community	Participation as a symposiast at the Northeast Asia Peace & Healing Conference (Jeju Island, South Korea), sponsored by the International Peace Center Jeju. Lecture delivered under the title of “The Psychological impact of the 2011 disaster on the Japanese community.”

(6) Support for various activities (Table 14)

Fourteen cases provided support for various activities concerning other organizations’ initiatives in FY2019, and we responded to requests from JICA (Japan International Cooperation Agency), educational institutions, prefectural councils, and others.

Table 14. Support for various activities

Implementation date	Activity name	Details
2019/04/27	Participation in the bereaved family support activity Wakachiai no Kai (sponsored by the Sendai Grief Care Study Group)	Cooperated with the management of Wakachiai no Kai, sponsored by the Sendai Grief Care Study Group.
2019/06/22	Participation in the bereaved family support activity Wakachiai no Kai (sponsored by the Sendai Grief Care Study Group)	Date: June 22, 2019 (Sat.) Location: Kesenuma One Ten Government Building, 2 nd Floor, Exchange Room B Content: Coordinated and participated in Wakachiai no Kai, sponsored by the Sendai Grief Care Study Group. One participant, three members of the Sendai Grief Care Study Group, two members of the Health Promotion Division.
2019/07/10	Support for Watari Men’s Club Alumni Association	The Center’s sponsorship of the Watari Men’s Club concluded in FY2017. Subsequently, several lunch meetings were hosted every year. Three men’s club alumni, two temporary public health nurses from the town, and two Mental Health Care Center individuals participated and discussed the latest situation.
2019/07/11	Management and cooperation of Kamome no Kai, a family association for people with higher brain dysfunction	The Kamome no Kai chairman requested that the staff of the Health Promotion Division attend this regular meeting, and we participated at the direction of the supervisory public health nurse. Advice was provided at the handbell joint concert meeting.
2019/07/12	Management and cooperation of Kamome no Kai, a family association for people with higher brain dysfunction	We provided assistance for preparing for Kamome no Kai and Noel’s joint concert and created pamphlets that were distributed on the day of the concert.
2019/10/15	Sharing of information relating to the damage situation of Typhoon No. 19 and future support	At the request of the prefectural council, we provided a place for support groups to share information.
2019/10/26	Participation in the bereaved family support activity Wakachiai no Kai (sponsored by the Sendai Grief Care Study Group)	We participated in the bereaved family support activity Wakachiai no Kai (sponsored by the Sendai Grief Care Study Group).

2019/11/01	Acceptance of Kesenuma Health Center apprentices (medical students)	Date: November 1, 2019 (Fri.), 13:30-14:30 Location: Kesenuma Health and Welfare Administrative Office Conference Room Content: Upon request by the general manager of the Kesenuma Health Center, we spoke to a medical apprentice (one individual) about the Center's activities.
2019/11/07	FY2019 Malaysia Country Workshop on LEP. 2.0 Victim Psychological Care: Mental Health Support for Disaster Victims	Sponsored by JICA, training for Malaysian professionals was provided. A lecture entitled "Mental health support for disaster victims" was delivered to 12 Malaysian trainees.
2019/11/17	"DPAT(Disaster Psychiatric Assistance Team) and community mental health system research" hearing	We participated in an interview on expressive research conducted by Professor Manabu Ichikawa, Department of Systems Engineering and Science, Shibaura Institute of Technology.
2019/11/27	Support for the Watari Men's Club Alumni Association	Men's Club Alumni Association Lunch: 11:00 am-12:30 pm Participation: three male residents in the affected area (men's club alumni), two public health nurses from the town, and two Center staff Content discussed the latest information while eating lunch and deepening friendships.
2019/12/21	Participation in the bereaved family support activity Wakachiai no Kai (sponsored by the Sendai Grief Care Study Group)	Participated in the bereaved family support activity Wakachiai no Kai (sponsored by the Sendai Grief Care Study Group)
2020/02/22	Participation in the bereaved family support activity Wakachiai no Kai (sponsored by the Sendai Grief Care Study Group)	Cooperated with Wakachiai no Kai activities
2020/02/26	Support for the Watari Men's Club Alumni Association	Men's Club Alumni Association Venue: Watari Health Center Participants: three men's club members (residents), six public health nurses from the town, two Arinomama Stem Consultation Support Center staff, two Center staff Content: Chatting while eating. The Men's Club Alumni Association concluded with this meeting, so this doubled as a farewell meeting. District manager and the Arinomama Stem Consultation Support Center staff also participated, as they were responsible for taking over the provision of support for members.

3. Summary

We have concluded the ninth year of activities with FY2019. Activities as part of the first phase of the Miyagi Disaster Mental Health Care Center will be concluded in the remaining year of the activity period. From FY2021, we will restart as Phase II Miyagi Disaster Mental Health Care Center. For this reason, FY2019 involved reflecting on the Center's efforts from the beginning of the fiscal year and the preparation of Phase II Center activities, along with the Miyagi Prefecture Mental Health Promotion Office, the Children's and Family Support Division, the Mental Health and Welfare Center, and each health center in the coastal regions.

The "future mental care measures" formulated by the prefecture in the first half of the fiscal year indicated the "Role of the Miyagi Disaster Mental Health Care Center after FY2021 (draft)." Moreover, it was confirmed that the projects overseen by the Center will be reviewed and that shifting roles to the Mental Health and Welfare Center, as well as each health center, will be considered in the future. More specific investigations will be needed in FY2020.

We have also handed over resident support, which we have handled until now, to local government officials, depending on the area, and the decreases in the number of resident support cases in FY2019 reflect these policies. However, the state of affairs varies by area, and investigations that consider regional characteristics (including other projects) are needed.

We have responded to the needs identified based on the chaos following the earthquake disaster in a flexible and polite manner. As we approach the 10th anniversary of the earthquake disaster in FY2020, we will need to not only respond to affected areas but also cooperate with municipalities, health centers, mental health and welfare centers, and other institutions to comprehensively reconstruct the future of regional mental health and welfare. We would like to cooperate well with each related institution and consider the ideal path forward in the interest of mental care throughout the entire prefecture.