# FY2019 Miyagi Mental Care Forum Implementation Report

Miyagi Disaster Mental Health Care Center
Stem Center – Planning and Research Division
Chief, Psychiatric Social Worker **Tetsuro Higuchi**

**Introduction**

The Miyagi Mental Care Forum is sponsored by the Miyagi Disaster Mental Health Care Center and has been held since FY2017 with the backing of Miyagi Prefecture and Sendai city. We planned to host four sessions by FY2020, and we hosted the third forum in FY2019. The Planning and Research Division was in charge of the administrative office, and the Community Support Division and the Planning and Research Division cooperated in the selection of practical reporters. Responsibilities for operations on the day of the forum were shared among the Stem Center staff.

**1. Implementation Outline**

(1) Purpose of event

The forum was hosted with the objective of exploring the future of community mental health and welfare from a prefectural/wide-area perspective. We share the current status of mental care in the wake of the Great East Japan Earthquake through practical reports from local government officials and other supporters. We also deepen knowledge about future efforts via talks by external lecturers.

(2) Date and time: 13:00–17:00, November 22 (Fri.), 2019

(3) Location: TKP Garden City Sendai Hall 21CD (Aer 21st Floor, 1-3-1 Chuo, Aoba-ku, Sendai, Miyagi)

(4) Target: supporters such as local government and related organization staff involved in victim support

(5) Theme: "Thinking about the future of mental care, eight years since the Great East Japan Earthquake — How to take over post-earthquake disaster efforts in the community"

(6) Program

◎ Part 1

○ Keynote speech: 13:00–14:00

"Thinking about a comprehensive community care system based on the experience of community support in Okayama Prefecture"

Lecturer: Masayuki Noguchi (Director, Doctor – Okayama Prefectural Mental Health and Welfare Center)

◎ Part 2

○Practice report: 14:10–16:30

Reporters

①. Kaori Ono (Public Health Nurse), Aya Uesugi (Psychiatric Social Worker)
Minamisanriku Health and Welfare Division, Health Promotion Section

②. Naomi Abe (Psychiatric Social Worker/Social Worker)
Higashimatsushima Health and Welfare Department, Health Promotion Division

③. Manami Abe (Public Health Nurse)
Shiogama Health Center, Iwanuma Branch, Community Health Group

④. Kazunori Matsumoto (Doctor)
Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry

○ Discussion
"Prospects from support in an affected area to a comprehensive community care system — How to take over post-earthquake disaster efforts in the community"
- Discussions by lecturers and practice reporters

Moderator: Sakiko Okamoto, Miyagi Disaster Mental Health Care Center (Community Support Department Manager)

○ Summary: 16:30–16:50
Masayuki Noguchi (Director, Okayama Prefectural Mental Health and Welfare Center)

◎ Panel exhibition: 13:00–17:00

**2. Implementation content**

(1) Keynote speech

Dr. Masayuki Noguchi, who is the director of the Okayama Prefectural Mental Health and Welfare Center, spoke on the theme of "Thinking about a comprehensive community care system based on the experience of community support in Okayama Prefecture."

(2) Practice report and discussion

①. Practice report

Kaori Ono and Aya Uesugi from Minamisanriku reported on practices when working with residents on alcohol problems that manifested after the earthquake disaster as part of "Public awareness dissemination using picture-story shows." Naomi Abe from Higashimatsushima reported on practical secondary preventive measures targeting people with health problems as part of the city's own health survey in "Independent initiatives to address alcohol-related problems." Manami Abe from the Shiogama Health Center, Iwanuma branch shared the importance of sobriety support in the area following the earthquake disaster in "Initiatives of sobriety support" and how this led to the promotion of effective projects. Kazunori Matsumoto of the Tohoku University Preventive Course reported on the effectiveness of preventive interventions through university outreach and the importance of human resource development as part of "Initiatives to date by the Preventive Psychiatry Endowed Course."

②. Discussion

Participants asked questions related to the sub-theme of "How to take over post-earthquake disaster efforts in the community." The members spoke on each of their responded and shared their thoughts for the future. Please refer to the "Discussion Record" for details.

③. Summary

Masayuki Noguchi's comments on comprehensive community care included the following: "Instead of top-down, bottom-up," "Alcohol-related practices can be expected to have a ripple effect on other problems," and "Human resource development is important for raising the level of support."

**3. Participant questionnaire results**

The participant questionnaires had a 48% response rate, and approximately 80% of the participants responded with "very good" or "good" for both Parts 1 and 2. "Administrative" was the largest affiliation among the participants, and there were multiple instances where participants thought that "the forum served as a useful venue for thinking about the roles demanded by each local government following the conclusion of the Mental Health Care Center" and where "the forum served as an opportunity to think about the future as an administration." Other frequent comments included "There were many specific innovations, and it served as a useful reference"; "I was able to gain perspective on what to develop and continue, and who to do this with"; and "Cooperation with multiple occupations was impressive."

**4. Summary**

We believe that this forum served as an opportunity to deepen the understanding of the "reconstruction of community mental health and welfare based on comprehensive community care," while keeping the theme of "how to take over post-earthquake disaster efforts in the community" in mind. It is thought that further discussion is needed in order to determine how to apply the initiatives that have been conducted to date by each local government and university, as well as support organizations, in the future.

In the next forum, using the ten-year anniversary as a benchmark, we would like to reflect on the Center's activities and provide opportunities for the active exchange of opinions between participants. We would like to propose hosting the forum in collaboration with the Miyagi Prefecture Mental Health and Welfare Association (which is the Center's parent body) and proceed with planning.

## Part 2 Discussion

**Okamoto:** I would now like to begin the discussion. I would like to receive questions and opinions from Dr. Noguchi and everyone who received the practice report. Thank you for your time. Today, we have received practice reports from four individuals. Of these, three have talked about preventive efforts for alcohol abuse. Alcohol-related problems manifested themselves after the earthquake disaster, and we imagine that this has been a serious problem for individuals, families, and supporters. As the phase begins to shift, we are receiving reports on these efforts that reflect the importance of prevention. Dr. Matsumoto talked about the importance of preventive intervention through the outreach efforts of professional groups in the university in the preventive psychiatry course. We would now like to receive questions and opinions from everybody in the audience, so please do not hesitate to ask speak up.

**Kodaka:** Thank you very much for your time, Dr. Noguchi. Thank you to all the panelists as well. I would imagine that this applies to every site, so I would like to ask Dr. Noguchi a question. I imagine that various projects are being conducted at the Psychiatric Social Welfare Center, but I also imagine that there was a strategy specific to the Center there, such as specializing in outreach. Did you feel that there was a certain significance in the cross-sectional effort? I think that this aspect is important in terms of how to organize and focus our efforts in our areas of activity, so I would appreciate you elaborating on this.

**Noguchi:** Thank you for your question. I was ultimately thinking of this as a generalization, but this is as you mentioned. I would imagine that this is the case for municipalities as well, but the Psychiatric Social Welfare Center has been facing a wide array of issues, one after the other. Today, we must address regional migration, addiction, withdrawal, suicide, and others, as well as other psychiatric review boards. These are divided disparately and cross-sectionally. It is not necessarily the case that these are passed down in a planned manner. However, when we once again consider these issues — and this is also the case for outreach — we understand that these share the common issue of how to approach those individuals who struggle to connect with treatment, those who struggle to begin treatment, and those who struggle to get support. We have conducted each project with this in mind. Furthermore, outreach is a point of emphasis at our Center; as an example, withdrawal and outreach are highly continuous processes. Another example is that for addicts, we provide on-site lectures and preventative measures, and we liaison and coordinate with alcohol-related organizations. Basically, we are maintaining continuity and commonality with other projects to some extent by making the most of the skeleton of municipal support, focusing on cooperation with health centers. Therefore, we are conducting each project disparately while maintaining the basic structure of local governments' multi-layered support, with comprehensive community mental care in mind. However, despite not quite knowing what we are doing as a whole, at the very least, we are slowly organizing this by providing support to people who struggle to connect with support. Does this answer your question?

**Okamoto:** Thank you, Dr. Noguchi. Does anybody else have any questions or opinions?

**Oba:** My name is Oba from the Miyagi Disaster Mental Health Care Center, Stem Center. I have a question for Ms. Abe from Higashimatsushima. Thank you for creating tables every year, continuing investigations with everybody, and explaining them in an easy-to-understand manner when conducting the home visits with multiple occupations. I would like to ask you about any innovations you implemented when investigating with multiple occupations.

**Naomi Abe:** Thank you for your question. First, there was a story about how public health nurses and psychiatric social workers conducted home visits together, but when a dietitian intervened, there were times when we felt that it would be difficult if our project objectives and the dietitian's project objectives were not aligned. Dr. Noguchi also mentioned that multiple meetings were held when conducting these, with multiple occupations, but I believe that one effort, if not an innovation, of ours was to conduct multiple discussions to ensure that we were progressing on the same trajectory. ***

**Okamoto:** I also have a question for Ms. Abe as a follow-up. As Dr. Noguchi mentioned earlier, when it comes to which project to devote limited manpower to, did you have any innovations or considerations regarding where to focus prevention and allocate the amount of work in each city, town, or health center, including Higashimatsushima, as the workload increased?

**Naomi Abe:** In my three years of working on this project, I feel that this was the most difficult aspect. This unfortunately becomes a lower priority in terms of work. In that context, when it comes to sobriety, I wanted to reduce the number of people with alcohol dependencies and severe cases of this as much as possible. This was also the case at the Mental Health Care Center, but I have listened to a wide range of opinions. There were many things that I remembered when creating this material. Despite these challenges, I like to think that these three years were filled with hard work.

**Okamoto:** Thank you very much. Now, I would like to move on to Dr. Obara.

**Obara:** Thank you all very much for today. My name is Obara from the Miyagi Prefecture Mental Health and Welfare Center. First, I would like to ask a question about Higashimatsushima. I want to ask whether you were able to identify who to collaborate with next after having developed the project year by year. I would also like to ask about Minamisanriku, the health centers, and Dr. Matsumoto's preventative endowed course regarding who you would like to pass the torch to and what you would like to entrust to them, even if it is just as an idea or on a conceptual level.

**Okamoto:** In that case, can we start with Minamisanriku? In what area would you want to pass the torch? Who would you want to cooperate with?

**Ono:** It is in the presentation, but concerning Minamisanriku, I would like to work with the town's residents.

**Obara:** To further clarify, in order to work with the residents, is there anyone who you want to include as part of the support team? Are there others, like related institutions, that you would like to include at the supporter level? Have you thought about who to cooperate with in order to incorporate the residents?

**Ono:** When it comes to public awareness targeting children, this would involve people like schoolteachers.

**Uesugi:** In addition to key people in the community, such as the health promotion team and the people I introduced earlier, there is also a group of people who want to volunteer called the Hot Bank, and there are quite a few ambitious residents. Therefore, I would like to work with these residents using easily accessible materials. I have some experience working with the LSA, which has overseen public housing, so I would like to cooperate with highly motivated people among the residents.

**Okamoto:** Next, I would like to pose the question to Ms. Abe of Higashimatsushima.

**Naomi Abe:** As for people I would like to collaborate with, Dr. Noguchi mentioned this earlier, but I believe that social withdrawal and suicide, in addition to alcohol, lead to all projects. I would like to utilize more of residents' power through today's talks. I think another aspect is to have residents disseminate public awareness about alcohol and talk about it as well. Additionally, how to conduct project evaluations is a difficult aspect. I think that it would be helpful to have people who could help conduct evaluations.

**Okamoto:** Thank you. Next, I would like to pose the question to Ms. Abe of the Iwanuma branch.

**Manami Abe:** I spoke about this in the presentation, but the health center has focused on addiction support thus far. The HAPPY program tools presented earlier and sobriety support were easy to use since they were packaged, and they have been widely used due to the large number of subjects. I think that collaboration with health care and workplaces is important. There were also stories of how it linked to suicide countermeasures, but given that the percentage of suicides among those in their 40s and 50s is high, there does seem to be data showing that excessive alcohol consumption seems to be a problem here as well, so I think that interventions in collaboration with mental health are necessary. Ultimately, I think that conducting these actions in a comprehensive and multi-occupational manner is important. I was not able to introduce this in the presentation, but every year, a gatekeeper class is offered by the Japan Beauty General Incorporated Association and National Association of Grooming and Hygiene Associations involving talks about health education, such as the dissemination of alcoholic drinks. I feel that it is important to have interventions in a variety of places.

**Matsumoto:** The preventive course was executed during a limited time to begin with, so what we wanted to focus on the most was human resource development. Human resources remain in the community, so the philosophy was to develop human resources in the community so that they would remain even when the preventive course had been completed. We therefore focused our energy on this aspect. We studied cognitive behavioral approaches, trauma issues, early intervention in workplaces, and education with highly motivated people in the community. We built a network with these people — the "pay-it-forward" method that was mentioned earlier. Our ideal vision was that it would continue to self-propagate through learning about these topics together.

**Obara:** Thank you.

**Okamoto:** Thank you. I think a number of important keywords were mentioned there. This is the "fostering of social capital" mentioned in Dr. Noguchi's lecture, and the issue here is how to expand the project while thinking about how to utilize residents' power. I would like to ask Dr. Noguchi: I am personally of the belief that health centers and psychiatric social welfare centers are the institutions that conduct project evaluations in Higashimatsushima, but is this the case?

**Noguchi:** It is not like we have been able to do this sufficiently either, but it is true that these roles will need to be taken on in the future. However, it is not necessarily the case that the Psychiatric Social Welfare Center can conduct all of these specialized tasks alone. I think that the university has a large presence in this aspect. Okayama University is in our region, and we also have connections with Okayama University and the epidemiology classroom. The university has many evaluation tools, so I think that an ideal path forward is to have on-site municipalities and health centers investigate how to use these tools, with us joining them in these investigations.
The social capital surveys were conducted in this way as well, and we faced many difficulties in making adjustments when it was just municipalities, health centers, and the university. I think that the Center acted as a cushion in this regard. Ultimately, I think it is important to conduct these together. I think that this would lead to an easy-to-use, valid, and versatile evaluation scale. Even for us, this is still an issue.

**Okamoto:** Thank you. I would like to open the floor up to others.

**Kaneda:** I am the chief priest of Tsudaiji temple in Kurihara and the vice-chairman of the Society for Interfaith Chaplaincy in Japan. At around the same time as Dr. Matsumoto's course, a course with the objective of providing mental health care in affected areas called the "Practical Religious Studies Endowed Course" was established at Tohoku University. This project developped and became a national-level initiative.

I would like to ask Dr. Matsumoto how persons with a psychiatrist's perspective address various problems rooted in Japanese culture, such as grief due to bereavement and the whereabouts of the dead.

We have also created various ethical codes and conducted workshops so that we can collaborate, while keeping in mind the politico-religious separation that has existed until now. While repeatedly conducting these activities, we actually were informed by DPAT that approximately 80% of the psychiatric field should be in the field of religious figures, the remaining 20% should be overseen by DPAT, and that they were very much interested in cooperation.

I did not hear about cooperation with religious figures from any of the six speakers today, but I would like to hear opinions on this aspect. I believe that this is an opportunity for us religious figures.

When speaking with the former mayor of Iwanuma the other day, he mentioned that he wished that he had recognized this aspect earlier. I feel that the work we do often crosses into the field of psychiatry. Of course, there are many types of religious figures, but I am of the belief that we could cooperate in these types of gray areas.

In fact, I went to Ishinomaki yesterday, and I believe that very long-term mental health care is needed. Instead of eliminating one symptom at a time, to properly clear out the problem from the root — I acknowledged, once again, yesterday that it would be a very long time before these people can function while carrying such burdens. I would like to hear each of your opinions on this, incorporate this into the clinical life and death studies course, and collaborate together.

**Okamoto:** What does everyone think about this? Does anyone have any experience collaborating with religion? Dr. Matsumoto, how about you?

**Matsumoto:** When we discuss the biopsychosocial model, it is often said that the spiritual model is more integrated. However, in reality, the majority are still stuck in the biopsychosocial model. When looking comprehensively at humans in psychiatry, there are models that incorporate spirituality in a broad sense.

Meanwhile, in the so-called medical model, when the framework is such that the spirit is handled on the basis of medicine, there is the inevitable problem of the range of boundaries, of how religion can do science, and how science can enter religion. It is actually difficult to collaborate, but in contrast, at the field level, there are many aspects that the individuals at DPAT mentioned, that is, aspects that do not fit into the current medical model.

I think that it is important to gradually segregate, or sort out, the gaps between religion and science, with regard to the respective boundaries of religion and psychiatry.

I have known about the activities for a long time, and I believe that they are very valuable activities, but I also think that collaborating in this manner is more on an individual basis. I am not sure if I have answered the question, but I have spoken a bit on the model.

**Okamoto:** Dr. Noguchi, your response?

**Noguchi:** There was talk about what to do to care for those who lost their families in Western Japan, and the Disaster Mortuary Operational Response Team (DMORT) was established at the Japanese Red Cross Society. Nurses were at the center of the team, and their primary role was attentive listening. In that sense, I feel that there were parts that were heavily linked to religion here, in that there was no medical aspect and the focus was to listen to individuals' stories. However, they could not collaborate on specific experiences, so I think that having such a form would be ideal. Furthermore, with regard to suicide countermeasure workshops, I think that it would be ideal to work together with Christian

groups, and consider and act on various ways to respond to community needs. Unfortunately, there were no Buddhist groups there, but perhaps in the future this would be ideal.

In fact, there are many active religions in addition to Christianity overseas. I think that the psychiatric role that religious figures play has been intensely discussed, particularly in the field of multicultural psychiatry. I hope to see more of it in the future.

**Matsumoto:** One other thing I would like to add is the concept of personalized medicine in psychiatry, wherein treatment is individualized for each person. Scientific reproducibility is sought at a group level by taking the average of groups composed of several hundreds of patients. However, when it comes to views on life and death, this becomes an individual issue. I think that this is an area in which science is very weak. Individualization is becoming a very rapidly growing need, so I think that there may be an avenue for religion to enter the picture through this individualization aspect.

**Okamoto:** Thank you. Does anybody else have any other questions or opinions? We would like to hear them.

**Kayama:** My name is Kayama from Tohoku Bunka Gakuen University. Dr. Matsumoto summarized how to increase the number of instructors in the prefecture and how to disseminate them, but I would like to hear what the people who participated in the workshops for professionals think about how many people should be in which field and what the next generation of instructors should be like. I am curious to hear what they think is needed in order to create a system that can contribute to the improved quality of the various staff of Miyagi Prefecture.

**Matsumoto:** Thank you for the question. For example, there are workshops for general supporters. These are workshops that target beginners, and there is a wide range of people, such as public health nurses, occupational therapists, psychiatric social workers, and persons at nonprofit organizations (NPOs) in the field of support who have no professional qualifications. These kinds of training needs are likely present everywhere. I think that this will be at a level where all occupations should have basic skills.

There are also higher levels of training, such as workshops where cognitive behavioral therapy is continuously conducted. There are also workshops that address individual problems, such as problems related to trauma. We conduct trauma workshops that target child psychiatric hospitals, child guidance centers, and professionals who work with those children, and we also have workshops that impart skills to professionals who deal with children so that they can go one step further in terms of developing their skills. In this way, we are engaged in human resource development. I think that it would be good to have an image like this for the content of each training program.

I think that the issue is thinking about wanting to develop these kinds of human resources or whether we should develop these other kinds of human resources for the entire prefecture. There is also the aspect of strengthening health centers or identifying problems in municipalities or on-site, premised on wanting to support them as well, based on needs, as Dr. Noguchi mentioned. I think that what is important is to think about what human resources need to be developed, and what the needs are, and then developing them in a planned manner. Furthermore, setting up strategies on a step-by-step basis and doing the work to achieve the set goals is important. The ideal form for this is not to do this on a one-off basis, but to continuously plan for it over several years.

**Kayama:** Thank you. I think that the previous story about project evaluations and needs would qualify as Dr. Matsumoto's example. With that together as well, I was wondering whether this would integrate with the needs of municipalities, such as through human resource dispatches or training projects, and I am interested in the answer. Thank you.

**Okamoto:** Thank you. Ultimately, it is important to develop human resources on a daily basis, and we have begun to see in stories that training in various forms that meet on-site needs

is important. Does anybody have any other questions?

In that case, today's theme is thinking about mental health care in the future, so the issue is how to develop post-earthquake disaster efforts in the community. I would also like to hear about how to start new efforts; for example, aspects that would serve as a reference for those in the cities, towns, and health centers. In Part 1 of Dr. Noguchi's talk, there was a discussion on a cycle that is born from preventive activities, and how an extremely positive effect can arise from residents' perspective in terms of cost as well, but if there are additional things that you urgently feel the need to communicate, or if there are things you would like more people to know, then I would like the people who reported today to speak, starting with Minamisanriku.

**Uesugi:** This may be slightly off topic, but Dr. Noguchi's talk mentioned the need to have serious conversations about when to transition to municipalities. I have been seconded to Minamisanriku from April of this year, but prior to this, I was working at the Kesennuma Regional Center, and then I was seconded from the regional center to Minamisanriku. I had a very positive experience, since I was able to see a variety of things after going into the town. I have gotten closer to the public health nurses, and being able to exchange opinions with them has also been a positive experience. I was able to communicate the thoughts and intentions of the Kesennuma Regional Center, and I was also able to communicate the public health nurses' concerns along with my wishes to help them to the regional center, so I felt that this role was extremely important. I have considered these points with regard to the theme of how that region should transition.

**Okamoto:** Thank you. I would like Dr. Noguchi to provide some summarizing advice at the end. Ms. Abe from Higashimatsushima, do you have any remarks?

**Naomi Abe:** What I would like to communicate, at the very least, is as follows. What left a major impression on me was that regardless of problem cases or anything else, I could not do anything alone: this project was able to succeed to this point through various people's cooperation. For this reason, I have reached out to many people asking for help, and those people helped me, so I am very grateful to them. I think that I will ask for their help again in the future, but I hope that everybody will do so in the future. Thank you very much.

**Okamoto:** Thank you. Ms. Abe from the Iwanuma branch, do you have any remarks?

**Manami Abe:** This might overlap somewhat, but when advancing the health center's projects on a daily basis, and while advancing separate problematic cases, I have felt that collaboration with municipal officials was indeed extremely important, and I am extremely grateful for their help. Yamamoto town also collaborated with me on individual cases. It was extremely easy to introduce sobriety support in Yamamoto town, and I have also felt that these daily connections were extremely important when entering Natori as well, so I look forward to continuing to work with them in the future.

**Okamoto:** Thank you. Dr. Matsumoto. If you would please share some remarks?

**Matsumoto:** After listening to each practice report and Dr. Noguchi's presentation, I am simply impressed by the work that has been discussed today. New individual attempts are being made in the community, and ultimately, alcohol problems emerged as a community need, so efforts to combat alcohol problems were begun, and further efforts to address emerging problems have been initiated. When something good happens in Kesennuma, let us also try it in Minamisanriku; if something good is happening at the national level, then let us try it over here — new efforts are actually being made in affected areas, outcomes are being recorded in data, and they are being verified to see whether they are useful. I feel that these practice reports themselves are incredible.

Meanwhile, since these are affected areas, places like the Mental Health Care Center and our preventive course are receiving funds and creating a budget. The utilization of this budget is ultimately serving as the catalyst. I think that we have been able to connect with professionals

nationwide; the community has been making connections within itself, and these connections have been activated. I think that it is possible that the budget will be used to strengthen cooperation in many ways. Therefore, one concern is that the budget, the disaster reconstruction budget, will be continuously cut in the future. I think that one of the aims of this forum is to think about how to ensure that what has shown a meteoric rise until now does not get carved away with future budget cuts.

Therefore, I am amazed at the work being done, and at the same time, I think that there is a need to contemplate what needs to be done to continue and develop these projects, and also for everyone to make more appeals to collect money instead of operating on the premise that the money will disappear. The budget will inevitably decrease. More developed countries tend to spend their budget on prevention. Countries with less money tend to pump more and more money into the problems that are right in front of them, but I think that Japan needs to spend more money on both health and prevention. It is just a feeling of mine that we as a country need to advance in that direction in the future. Thank you very much.

**Okamoto:** Thank you very much. I appreciate the important remarks you have made that will guide us into the future.