

## 2. Departmental Initiatives

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Community Support Department / Planning and Research Department

Kesennuma Regional Center - Community Support Division

Ishinomaki Regional Center - Community Support Division

Stem Center - Community Support Division

Stem Center - Planning and Research Division

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# Community Support Department / Planning and Research Department Activity Report

Miyagi Disaster Mental Health Care Center  
Community Support Department / Planning and Research Department  
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## 1. Introduction

FY2019 is the second year of the development period of the Miyagi Future Vision/Earthquake Disaster Reconstruction/Regional Revitalization Implementation Plan, and activities have been conducted based on the basic policy of the “enhancement of continuous mental health care, from children to adults” as well as the Center’s operational plans. In August 2019, the prefecture issued a document titled “Regarding the future of mental care and the Miyagi Disaster Mental Health Care Center from FY2021 onward.” This stated that the Center’s activities will continue until FY2025, with work focused on resident support, supporter support, and raising public awareness; human resource development and research will be managed by the Mental Health and Welfare Center from FY2021 onward. Furthermore, “study groups for the future of mental health care” were hosted at each health center, and the current status and issues pertaining to the area’s life stages as well as the direction of community psychiatric social welfare activities after FY2021 were investigated together with the municipalities and the Psychiatric Social Welfare Center. Based on these investigations, each community support division has been engaged in providing resident and supporter support and raising public awareness, as well as developing human resources in close cooperation with municipalities, health centers, and related organizations in anticipation of community psychiatric social welfare activities after the completion of the Center’s work. Details on each division’s activities are published separately as activity reports, so here we will explain divisional characteristic activities and report on them, along with a discussion.

## 2. Characteristics of the activity status of the Planning and Research Division and each community support division in FY2019

### (1) Kesenuma Regional Center Community Support Division (henceforth, “Kesenuma”)

#### ①. Resident support

There were approximately 280 consultation cases on average per month (total number of cases) and about 10 new cases per month, many of which required continuous support. Counselees ranged widely from children to the elderly. Cases that necessitated watching over the patient involved moving the patient and considering the continuation of support after the conclusion of the Center’s operations, such as transitioning support to other institutions in the region. Furthermore, cases requiring specialized support were advanced, while confirming the direction of support and sharing information with other institutions.

#### ②. Supporter support

The number of health consultations with local government employees has been increasing every year, cooperation with the human resources side has become closer, and the need for mental health care and line care is becoming more widespread. Furthermore, we had opportunities to deepen the understanding of assistive technology for health and welfare staff as well as self-care for supporters through training and conferences.

#### ③. Raising public awareness

We provided information about communication skills and mental illness through radio programs and newspapers in order to maintain and improve local residents’ physical and mental health. Furthermore, we cooperated with related organizations in the Kesenuma Mental Health, Medical and Welfare Liaison Conference Meeting Working Group to educate high school students about counseling organizations and how to use them through skits.

④. Investigation status of the future of mental health care

The objective of community psychiatric social welfare activities for the entire Kesenuma area until FY2025 has been set as “improving community support,” and a major direction has been decided, premised upon the following three pillars: “support and skill set improvement for municipal public health nurses and staff,” “development of regional professionals,” and “improvement of residents’ self-care abilities.” Details and specifics for the future will be discussed with municipalities, related organizations, health centers, and others.

(2) Ishinomaki Regional Center Community Support Division (henceforth, “Ishinomaki”)

①. Resident support

We conducted home visits, such as health surveys of disaster public housing residents, at the request of the city as well as consultations/home visits on referrals from other institutions. The activities of Koko Farm, which was implemented as a salon activity, have been carried out, with planned completion in FY2020 due to the aging of the participants.

②. Supporter support/Human resource development

We conducted joint home visits with municipal public health nurses, participated in case meetings and area meetings, and provided support for Ishinomaki infant health examinations and municipal housing complex health counseling.

Human resource development was done in collaboration with municipalities and health centers, with consideration of community psychiatric social welfare activities in the future. We held two workshops on alcohol-related problems in collaboration with municipalities, as well as workshops on the theme of “cooperation with the community” and which were co-sponsored by health centers. We also co-sponsored two suicide countermeasure workshops, also in collaboration with health centers, in order to deepen the understanding of suicide problems and the future of support in affected areas. In addition, we co-sponsored two mental health care workshops, jointly with municipal and educational committees, targeting individuals supporting children in the area and in the prefecture.

③. Raising public awareness

We provided support in the form of Danshukai meetings, which were sponsored by Danshukai and backed by the Center; these were made possible with the cooperation of Ishinomaki city, and the activities prioritized eventual independence.

④. Investigation status of the future of mental health care

The following items were agreed upon with the municipalities, health centers, and mental health care centers:

- a. The project team will create a face sheet to continue to support cases.
- b. Municipalities, health centers, and the mental health care centers will cooperate to execute joint home visits and case reviews, and implement them in order to ensure human resource development among young staff.
- c. Municipalities and public health centers will appeal on various occasions during manpower shortages.
- d. Requests for the continuation of children’s community base projects will be made for the provision of support to children. Investigations will continue in the future in collaboration with municipalities, health centers, and related institutions.

(3) Stem Center Community Support Division (henceforth, “Stem Center”)

①. Resident support

Health surveys for residents in disaster public housing have been completed in some municipalities, showing that the number of continued supporters has decreased. There has been an increase in support requests for difficult-to-handle cases, but we conducted joint home visits with municipal public health nurses in principle, considering the conclusion of the Center’s work.

②. Supporter support/Human resource development

Workshops and case study meetings in the municipalities under the jurisdiction of the Iwanuma branch provided support jointly with the Iwanuma branch. There was increased participation of municipal staff, other than those in the managing division, and there has been more information sharing among all staff. Even areas under the jurisdiction of the Shiogama Health Center were able to cooperate and provide support for municipal case study meetings with health centers, using the investigation meetings as an opportunity to plan the future of mental health care. Furthermore, there have been increased requests for the supervision of maternal and child health cases, as well as joint home visits, and nursery school and the next-generation comprehensive support center for childcare staff have also begun to participate in the case study meetings.

③. Raising public awareness

We implemented alcohol patch tests at the health festivals in Matsushima and Yamamoto with the objective of encouraging moderate alcohol consumption. We also used health picture-story shows created by Kesenuma at the town health room for residents of Natori disaster public housing to raise public awareness of mental health.

④. Investigation meetings regarding the future of mental health care

Having set the target direction of “being able to maintain mental health from childhood to a senior age,” we decided to conduct continuous health activities, improve community mental health, and increase the frequency of welfare activities (on-site human resource development). We participated in joint home visits and case study meetings with municipal public health nurses, while cooperating with the municipality, health center, and mental health and welfare centers; further details will be investigated in the future.

(4) Planning and Research Division

The substantial roles played by the Planning and Research Department, Planning and Research Division include compiling overall business statistics, planning for training with the objectives of supporter support and human resource development, raising public awareness in relation to various post-disaster issues of concern, and implementing various kinds of research projects. The implementation of projects often involves joint work with cooperating institutions such as the Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry (henceforth, “preventive course”) and Tohokukai Hospital.

①. Efforts to combat alcohol-related problems

We have conducted “on-the-job training for alcohol-related problems,” with the cooperation of Tohokukai Hospital, since 2012. This has been conducted over three days in the hospital per term, with five terms conducted for this fiscal year. Over 200 attendees have been registered to date, and we have also hosted follow-up training for those attendees. We have regularly shared information with Tohokukai Hospital and Miyagi Prefecture Danshukai, and we have also cooperated in case study investigations, supporter support training implementation, and Danshukai activities.

②. Specialized disaster-related training

Jointly with the preventive course, we offered mental exercise training for community supporters. We delivered lectures and exercises about how to understand the basics of cognitive behavioral therapy and about how to solve problems twice this fiscal year. These lectures concluded simultaneously with the preventive course, but given that there are many individuals who would like to participate further and the fact that supporter awareness remains high, we are considering future continuation.

We have also co-sponsored, jointly with the preventive course, training for the improvement of psychological skills, complicated PTSD (C-PTSD) training, and workshops for long-term mental health during the disaster reconstruction phase. Training for the improvement of psychological skills has been taken on as a Center project and will be implemented in FY2020.

③. Hosting the Miyagi Mental Care Forum

The Miyagi Mental Care Forum was hosted with the objective of widely sharing the actual situation of the affected area and the issues to be addressed among supporters. Superior practices incorporated in each area within the prefecture following the disaster were reported, and Dr. Masayuki Noguchi (Okayama Prefectural Mental Health and Welfare Center director) spoke on the topic “Thinking about a comprehensive community care system based on the experience of community support in Okayama Prefecture.” Participants discussed the future of community mental health and the importance of outreach, while also keeping in mind the introduction of a comprehensive community care system.

④. Raising public awareness

We have established a website since the opening of the Center and used it to disseminate information, but we have also been updating English translations of the bulletins that have been published until now since the previous fiscal year. We have posted pamphlets and lecture reports on various issues that have been published to date. We have used this website as a tool for disseminating various kinds of training and recruitment information, as well as community center initiatives. In the future, we would like to use it as a tool for listing the Center’s performance milestones and achievements (e.g., business statistics), as well as a tool for disseminating information about our performance to date.

⑤. Children-related projects

We have sent professional dispatches to municipalities and nursery schools as part of the Children’s Mental Care Community Base Project, which we have been contracted to execute since FY2016. We have also hosted psychological first aid (PFA) for children training five times per year and co-sponsored children’s PTSD assessment training jointly with the preventive course. We have also distributed pamphlets on children’s mental health care and clear files on self-care written for children while hosting these events.

Additionally, we have continued to implement cohort surveys of children born immediately after the earthquake disaster, alongside Iwate and Fukushima.

### 3. Discussion

We conducted each of the abovementioned activities while keeping the future of community mental health and welfare activities after the conclusion of the Center’s operations in mind. Resident support has seen decreased home visits relating to health surveys but increased numbers of complicated or difficult-to-handle cases with multiple problems. As in FY2018, Kesennuma has had many consultations, ranging from children to the working generation, while Ishinomaki and the Stem Center have increased support for parents, i.e., in maternal and child health, who are raising children. Therefore, there has been increased collaboration between many related institutions such as nurseries, schools, workplaces, hospitals, and consultation offices, including the associated municipal divisions. There have also been more supporter support activities such as requests for the supervision of case study meetings or lecturers at workshops.

All disaster public housing in the prefecture was completed in March 2019, and health surveys implemented jointly by the prefecture and municipalities are slated to end in FY2020, although some municipalities have completed this in FY2019. It is thought that public awareness of mental health and alcohol problems among disaster public housing and community residents as well as a population approach via exchanges between residents are important. We have printed and bound the Health Picture-Story Show created in Kesennuma and distributed it to municipalities in the hope that it can be used as a tool for raising public awareness among residents.

There should also be investigations into each of the sponsored training programs conducted to date as the preventive course comes to an end. There will also need to be coordination with associated organizations regarding the ideal form of each project listed above as the Center’s functions taper off after FY2021.

Each area’s investigation meetings on the future of mental health care will be continued in FY2020, so we would also like to continue discussions with municipalities, health centers, and mental health and welfare centers in order to carry out activities, while giving due consideration to the future of community mental health and welfare activities after the conclusion of the Center’s operations.