

# Kesennuma Regional Center – Community Support Division Activity Report

Miyagi Disaster Mental Health Care Center  
Kesennuma Regional Center Community Support Division  
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## Introduction

The main efforts for FY2019 are listed by project. The number of activities for each project is recorded in the FY2019 Activity Report by Project Item in Chapter I, so we will limit our discussion of this here and focus on project content.

## 1. Resident support

As in previous years, resident support in FY2019 was based on the results of the health surveys conducted by Miyagi Prefecture and each local government, as well as upon the request of individuals, families, and related persons; we accepted mental health consultations with a range of persons, from children to elderly people, and provided support.

Furthermore, two staff members were seconded, one to Kesennuma and the other to Minamisanriku, and resident support was conducted while cooperating with each local government's mental health and welfare projects.

### (1) Kesennuma

The number of consultations has remained almost constant since FY2017. Opportunities for support have trended similarly as in FY2018, and support requests from administrative institutions, educational institutions, and other related institutions, as well as from individuals and families, all increased. In keeping with the FY2018 trends, the consultation content often included elementary, junior high school, and high school students not adapting well to school or becoming truant, domestic problems in the family, workplace or job duty-related problems among working people, and trauma-related issues. Others included psychological illness due to financial factors, alcohol-related problems, and poor adaptation following a move to a new location. Many consultations required continued support, and support was continued in collaboration with related institutions according to the situation.

Home visit support for residents with a K6 over 13 points who were deemed high risk was provided twice via health surveys conducted in Kesennuma for residents in private chartered temporary housing. The overall number of health survey subjects has been decreasing with the elimination of the use of private chartered temporary housing, and the number of cases managed by the Kesennuma Regional Center (henceforth, the "Center") has been decreasing as a result.

### (2) Minamisanriku

We conducted home visits and offered individual telephone-based support in response to requests from administrative institutions, other related institutions, individuals, and families. We also provided home visit support to residents deemed high risk following health surveys conducted by Minamisanriku for residents in disaster public housing upon the request of the Minamisanriku Health and Welfare Division, Health Promotion Section (henceforth, "Municipal Health Promotion Section") (Table 1).

The residents' mental health varied widely when we examined the current situation of home visits: some residents improved from an initial high-risk state, while others still have complicated feelings about the earthquake disaster, even now; moreover, some individuals' mental health was affected by subsequent changes in their living environment.

**Table 1. Support, such as health survey home visits**

Overview	Main support period and primary support target	Number of cases where support is managed by the Kesennuma Regional Center
Home visit support based on FY2018 health surveys of disaster public housing residents	May 2019 to June 2019 Cases with a K6 over 13 points or those who correspond to description(s) of “alcohol consumption starting in the morning or afternoon” and/or “excessive alcohol consumption”	22

### (3) Discussion

The number of resident support cases, such as home visits, walk-ins, and telephone-based consultations, conducted by the Center greatly increased in FY2017, after which it has remained almost constant. Factors influencing the constancy of these values include the uninterrupted receipt of new consultations and the high volume of consultations where continuous support is needed. The context for such factors is characterized by the various problems arising in daily life that lead to mental disorders during the course of reconstruction following the Great East Japan Earthquake, recent media coverage of frequently occurring natural disasters, and concerns about work and interpersonal relationships. It is thought that these have, after several years, triggered the manifestation of the mental agitation and mental illness that were present at the time of the earthquake disaster. Furthermore, the fact that the Center has become regarded as the destination for consultations upon referral from related institutions, as well as radio stations and local newspaper columns, is thought to be a factor in the stream of new consultations seen at the Center.

Tangible goals for reconstruction have started to become visible in municipalities, but it is thought that reconstruction in terms of intangible elements remains in the distance, and there is a need for further attention to these issues. It is thought that a system that can respond to various types of consultations while working to collaborate with municipal public health nurses, life support advisors (LSA), and other related institutions will need to be continued in the future.

## 2. Supporter support

### (1) Kesennuma

#### ①. Placement of professional staff in local governments (seconded staff)

As in FY2018, one professional staff member was placed in the local government in FY2019, and that staff member made efforts to reduce municipal public health nurses' workload by supplementing their work.

#### ②. Support for the mental health of local government staff

As in FY2018, we established health consultation desks for local government staff (henceforth, “consultation desks”) in FY2019, with a set managed on every third Wednesday of the month from 10:00 to 16:00 in the One-Ten Government Building of Kesennuma City Hall. We were flexible about our hours and consultation locations in response to requests in cases where it was difficult to use the service during regular opening hours due to work obligations. We provided support in collaboration with the Kesennuma General Affairs Department, Human Resources Division, in addition to direct consultations from local government staff.

#### ③. Support for the mental health of Kesennuma City Council of Social Welfare staff

We cooperated with the individual interviews of the Kesennuma City Council of Social Welfare (henceforth, “city council”) staff based on the results of the FY2018 health surveys on mental health conducted by the Tohoku University Graduate School of Medicine, Endowed Department of Preventive Psychiatry (henceforth, “preventive course”) for city council staff. Future support desks were to be taken on by the Center instead of the preventive course, as the latter was scheduled to close at the end of FY2019.

(2) Minamisanriku

①. Placement of professional staff in local governments (seconded staff)

As in FY2018, one professional staff member was placed in the local government in FY2019, and that staff member made efforts to reduce municipal public health nurses' workload by supplementing their work.

②. Support for the mental health of local government staff

As in FY2018, we established consultation desks for government staff twice. As a general principle, the desks in FY2019 were open from 14:00-19:00 every second Thursday and from 11:00-15:00 on weekends. We also continued to publish the "One breath" column on mental health as part of the monthly information released by the Minamisanriku General Affairs Division (henceforth, "Municipal General Affairs Division") in order to promote the consultation desk. In addition, we were flexible about accommodating usage requests outside the consultation desk's regular hours, and we provided support in collaboration with the Municipal General Affairs Division according to consultation content. During the course of these efforts, the number of consultations in FY2019 increased relative to FY2018.

We participated in meetings about supporting the mental health of local government officials, alongside the Municipal General Affairs Division, Miyagi Prefecture Kesennuma Health and Welfare Office (Kesennuma Health Center) (henceforth, "health center"), where we discussed the current state of affairs. We subsequently worked on providing mental health training for local government officials and the distributing educational materials as part of mental health support at the request of the Municipal General Affairs Division and Minamisanriku Health Committee.

(3) Discussion

For the two municipalities of Kesennuma and Minamisanriku, we provided support for local government officials' work, centering on public health nurses, through the dispatch of seconded staff members; we also provided overlapping support from the Center. At a basic level, seconded staff members independently supplement municipal public health nurses' work duties, but they also connected the municipality with the Center and played a coordinator role according to the work duties. It is thought that we were able to smoothly share and cooperate with the municipalities regarding understanding the local situation and policies concerning efforts related to local issues.

The content delivered by local government staff consultation desks in both municipalities was related to workloads as well as the mental illness arising from the damage inflicted by the Great East Japan Earthquake. It is thought that future support for local government staff in affected areas is needed. As in the past, we intend to provide individual support for local government staff by regularly establishing consultation desks and collaborating with related institutions. We will respond to requests from municipalities with regard to mental health measures for the entire staff.

### 3. Raising public awareness

(1) Kesennuma

①. Column publication in *Sanriku Shinpo*

As in FY2018, we published the column "Sanriku Kokoro Communication" on a monthly basis in collaboration with the Health Center in *Sanriku Shinpo*, a newspaper whose readers are mainly in Kesennuma (Table 2). We provided residents with information relating to mental health through newspaper media and raised public awareness about where to get consultations.

After meeting with the Health Center, we included articles that matched the state of the community as well as content related to the Great East Japan Earthquake.

Following publication, we received questions about the articles as well as consultation calls.

**Table 2. Publication content of “Sanriku Kokoro Communication” in *Sanriku Shinpo***

Publication No.	Publication date	Content	Overseeing author
66	April 2019	Entering a new semester — to all parents embarking on a new lifestyle	Kesennuma Regional Center
67	May	Do you know about frailty (weakness among elderly people)?	Kesennuma Regional Center
68	June	Understanding dementia and offering support	Kesennuma Health Center
69	July	Drinking and mental health (1) — how to interact with alcohol safely	Kesennuma Health Center
70	August	Entering the second semester – for those enjoying the summer break	Kesennuma Regional Center
71	September	For those who lost a loved one	Kesennuma Regional Center
72	October	Living vigorously — recognizing a mental SOS	Kesennuma Health Center
73	November	Please consult with us — could it be domestic violence?	Kesennuma Regional Center
74	December	Drinking and mental health (2) — could it be addiction?	Kesennuma Health Center
75	January 2020	Are you sleeping? Getting healthy with high-quality sleep	Kesennuma Health Center
76	February	What is social withdrawal?	Kesennuma Health Center
77	March	Important things for this period — taking care of your heart and body	Kesennuma Regional Center

\*The publication number is the cumulative number since FY2013.\*\*\*

②. Information dissemination through radio programs

We jointly produced and broadcast the local radio station Radio Kesennuma and “Sunny days, Rainy days” once a week since FY2017. In addition to disseminating information about mental health, we also conducted educational activities, such as inviting staff from related organizations as guests to introduce social resources.

③. Sponsorship of the Koko Café Alumni Association, a mental health exchange project for residents

Koko Café is a project for private chartered temporary housing residents. The project was jointly implemented by the Kesennuma Health and Welfare Department, Health Promotion Division (henceforth, “Municipal Health Promotion Division”), the Municipal Council Volunteer Center, and Mitsumine Hospital. It concluded at the end of FY2018, so a follow-up alumni association was hosted in FY2019. Participants confirmed their subsequent situation, and we provided a mini relaxation experience as a form of public awareness of self-care.

④. Sponsorship of Otokokatsu, a support project for socially-isolated residents

Otokokatsu is a project that began in FY2017 after repeated discussions with the Municipal Health Promotion Division about community issues pertaining to the isolation of residents who transitioned into disaster public housing and the difficulty men are facing regarding connecting with each other during community activities. The relevant departments of Kesennuma (Comprehensive Community Support Center, Elderly Care Division, Social Welfare Division, Karakuwa General Branch, Motoyoshi General Branch) cooperated in FY2018 as a contact point for connecting subjects. From FY2019, medical and consultation institutions in Kesennuma collaborated to implement these activities. The content is a combination of communication Mahjong, cooking activities, mini health lectures, and teatime. Activities were selected from among previous activities that received a positive response from participants in previous years, and we also reviewed the activities to increase the ease of participation, for example, by choosing areas with higher traffic accessibility as hosting sites (Table 3).

**Table 3. Implementation status of Otokokatsu**

	Implementation date	Location	Content
1	June 12, 2019	Kesennuma Government Office One-Ten Government Building	Communication Mahjong Mini health lecture on blood pressure
2	July 10	Kesennuma Resident Health Management Center, Sukoyaka	Communication Mahjong Mini health lecture on blood sugar
3	September 11	Kesennuma Government Office One-Ten Government Building	Communication Mahjong Mini health lecture on exercise
4	October 23	Kesennuma Government Office One-Ten Government Building	Communication Mahjong Mini health lecture on influenza
5	December 11	Kesennuma Government Office One-Ten Government Building	Communication Mahjong Mini health lecture on alcohol consumption
6	January 8, 2020	Kesennuma Resident Health Management Center, Sukoyaka	Healthy cooking Mini health lecture on nutrition and hand washing
7	February 12	Kesennuma Government Office One-Ten Government Building	Communication Mahjong Mini health lecture on blood sugar

⑤. Involvement in the health festival

The health festival is a project through which Kesennuma seeks to maintain and improve its citizens' health based on the Kesennuma Health Plan 21 and the Food Education Promotion Plan. The Center has also participated as a co-sponsoring organization.

In FY2019 as well, we prepared with the expectation of setting up a Koko Café corner for mental health and a public awareness corner for alcohol-related problems, but the health festival was suspended due to the effects of Typhoon No. 19.

⑥. Involvement in public awareness dissemination efforts for suicide prevention

We participated in Kesennuma's public awareness dissemination efforts aimed at suicide prevention during suicide prevention week in September as well as during suicide countermeasures reinforcement month in March. We worked jointly with the Municipal Health Promotion Division to exhibit panel creations and distribute public awareness material. We also cooperated with Radio Kesennuma to transmit information along with the Center's radio station "Sunny days, Rainy days." The distribution of public awareness materials was scaled back in March to avoid human contact in order to reduce the spread of COVID-19.

⑦. Distribution of public awareness materials for local government staff

We distributed leaflets on sleep debt in December to provide local government staff with information about mental health.

⑧. Miscellaneous

We conducted the following activities as part of public awareness efforts targeting residents (Table 4). In addition to giving lectures, we made efforts to encourage a closer relationship with residents by using health picture-story shows proposed and created by the Center and municipal public health nurses. We also mixed in relaxation experiences.

**Table 4. Implementation status of other public awareness activities**

Implementation date	Requester	Content	Number of participants
Third Monday of every month	Center contract project Miyagi Prefecture Danshukai Motoyoshi District alcohol abstinence meetings	Assisted with implementation	4–7
Third Wednesday of every month	Miyagi Prefecture Dementia Disease Medical Center-sponsored Dementia café Kokocha	Assisted with implementation as a co-sponsoring organization	2–7 (including related parties)
November 12, 2019	West District Health Promotion members	Lecture titled “Let’s keep our minds and bodies healthy”	31
November 20	Motoyoshi Comprehensive Community Support Center Dementia care family round-table conference	Lecture titled “Taking care of your feelings”	12
November 24	Shimozawa District Resident Council Pumpkin Porridge Association	Health picture-story show and relaxation experience to promote mental health	35
November 25	Matsuiwa / Niitsuki Comprehensive Community Support Center Matsuiwa dementia café	Mini lecture on relaxation and accompanying experience	19
November 28	Hashikami District Health Promotion members	Lecture titled “About mental health promotion — healthy ways to cope with stress”	15
December 8	Otani East District Women’s Division “Otani East District Women’s Division Workshop”	Lecture to promote mental health	21
December 8	Municipal Makizawa Housing A Resident Council Establishment Preparatory Committee	Mini lecture on stress and accompanying experience	29
February 13, 2020	Motoyoshi General Branch “Mental Health Promotion Lecture”	Lecture titled “Dealing with anger well — toward better socializing”	29
February 14	City Council Motoyoshi Branch “Family caregiver classroom”	Lecture titled “How to provide long-term care without accumulating stress — ways to relieve stress by yourself”	20
March 17	Karakuwa General Branch “Mental Health Promotion Lecture”	Lecture titled “Controlling anger — What is anger management?”	※Suspended due to COVID-19

## (2) Minamisanriku

## ①. Alcohol-related problems countermeasures project

We performed health picture-story shows proposed and created by the Center and municipal public health nurses for residents as part of the alcohol-related problems countermeasures project in Minamisanriku in response to requests from municipal public health nurses.

Public awareness efforts were launched four times per year among a total of 153 local residents (Table 5).

**Table 5. Implementation status of alcohol-related problems countermeasures project**

Implementation date	Location	Number of participants
June 30, 2019	Hiraiso Life Center	20
September 29	Bayside Arena (within the Minamisanriku Welfare and Health Festival)	Approximately 106
February 19, 2020	Aramachi Interaction Center	17
February 20	Ofuna Public Hall	10

②. Involvement in the Minamisanriku Welfare and Health Festival

As in FY2018, we participated in the Minamisanriku Welfare and Health Festival as an executive committee member, opened a booth, and exhibited a panel on sleep and drinking related issues. We also distributed non-woven fabric bags bearing the Miyagi Disaster Mental Health Care Center logo to 476 visitors as well as relaxation balls, leaflets relating to drinking problems, and flyers relating to sleep to 339 booth visitors to raise public awareness.

This was also our first attempt to implement health picture-story shows in the Minamisanriku Welfare and Health Festival as part of the previously mentioned alcohol-related problems countermeasures project. We enlarged and projected the picture-story show on a screen at the venue, and the readers received the cooperation of the Minamisanriku health promotion team.

③. Cooperation with the Mental Health Promotion Street Campaign

We cooperated with municipal projects to create public awareness materials and distribute them on the street as suicide prevention countermeasures during suicide countermeasure reinforcement month in March. We were preparing to investigate public awareness content and create material jointly with the municipal health promotion staff, but this was suspended in order to prevent the spread of COVID-19.

(3) Discussion

As in FY2018, we raised public awareness in Kesennuma in FY2019 through city projects, requests from residents' associations, and the media. There were increased requests from residents who have roles in the community (e.g., residents' associations and health promotion staff), and we were able to conduct public awareness activities in various areas.

In Minamisanriku, we were able to widely raise public awareness among residents by using health picture-story shows relating to alcohol problems. At the Minamisanriku Welfare and Health Festival, we worked jointly with the Minamisanriku health promotion team. Members of the team commented that the picture-story show made the content easy to understand, and that it was worth doing. It is thought that using health picture-story shows and working jointly with residents was an effective method of raising public awareness in the community.

Furthermore, we were able to advance public awareness activities related to suicide prevention countermeasures while discussing the content with the Municipal Health Promotion Division and the municipal health promotion staff. Project implementation was either reduced in scale or suspended as part of COVID-19 countermeasures, but we believe that this will be linked to future public awareness activities.

As both municipalities form new communities, it will be important for the residents themselves to have the ability to respond to mental health for self-care and mutual supervision. We will continue to carry out public awareness activities relating to mental health in the future in the form of the Kesennuma Health Plan 21 and the Minamisanriku Health Promotion Plan.

#### 4. Human resource development / training

(1) Kesennuma/Minamisanriku

We offered training and lectures for staff involved in victim support and staff responsible for mental health and welfare in affected areas upon request (Table 6).

**Table 6. Implementation status of human resource development and training**

Implementation date	Requester, training name, etc.	Content	Subjects (number of participants)
Monthly	Kibosha Co. Ltd. Employment Transition Support Office for the Disabled HOPE GARDEN Kesennuma Staff training	SST(Social Skills Training) training	Staff (6-7)
July 18, 2019	Minamisanriku Council of Social Welfare Community welfare staff training	Lecture on self-maintenance	Staff (16)
July 30	Kesennuma Newly hired staff training	Lecture on mental health	Staff (25)
August 21	Miyagi Prefecture Kesennuma Health and Welfare Administrative Office Learning about mental illness workshop	Lecture titled “Schizophrenia — Recognizing the characteristics of the disease and offering support”	Health care, welfare, etc., supporters (115)
August 28	Kesennuma Mental health training	Lecture on mental health	Staff (50)
September 4	Kesennuma Mental health training	Lecture on mental health	Staff (14)
September 12	Miyagi Prefecture Dementia Disease Medical Center Dementia research meeting	Dialogue titled “Ask a dementia specialist! How to think about discrimination and prejudice against the elderly”	Residents, medical welfare and long-term care personnel, etc. (approximately 200)
September 20	Kesennuma Victim support staff workshop (1)	Lecture titled “Interpersonal assistance technology — Support methods that don’t place the burden on just the individual”	Victim support staff (31)
September 20	Senshinkai Employment and Living Support Center for the Disabled Kanae Working support liaison meeting	Lecture titled “About SST — the practice edition”	Employment support office staff (15)
September 30	Miyagi Prefecture Kesennuma Health and Welfare Administrative Office Learning about mental illness workshop	Lecture titled “Schizophrenia — Providing support in the community”	Health care, welfare, etc., supporters (100)
November 7	Izumisatokai Community Life Support Office Care Home Megumi staff training	Lecture titled “Coping with stress healthily”	Staff (15)
November 7	Miyagi Prefecture Home Counselor Liaison Meeting Miyagi Prefecture Counselor Liaison Council Seiboku Block workshop	Activity report titled <i>About the Activities of the Miyagi Disaster Mental Health Care Center</i>	Home child counselors, etc. (18)
November 12	Motoyoshi Comprehensive Community Support Center Regular care manager meeting	Lecture titled “Finding a voice so that users can be positive”	Care managers (7)
November 22	Kesennuma Medical Association Higher Nursing School Nursing school instructor workshop	Lecture titled “Young people’s mental health”	Nursing school instructors (58)
January 29, 2020	Seishinkai Kesennuma Living Support Center for the Disabled Consultation support liaison meeting	Lecture titled “Understanding consultation support case studies and thinking about support”	Consultation support office staff (14)
February 17	Kesennuma Victim support staff workshop (2)	Lecture titled “Mental health in victim support — Self-care on the supporter side”	Victim support staff (27)
February 20	Kesennuma Nursing College	Lecture titled “Self-care for nurses’ mental health”	Nursing students and teachers (34)



(2) Discussion

We had requests for further training in Kesennuma, in addition to the training programs implemented in FY2018, and the overall number of training workshops increased in FY2019.

As in FY2018, the requestors were related institutions with whom we have a regular connection, and the content mostly comprised requests relating to mental health in workplaces and of the supporters themselves.

We conducted training for staff in Minamisanriku, in addition to confirming the needs of the Minamisanriku Council of Social Welfare.

We will offer human resource development and training based on requests in the future, according to the current situation in both municipalities.

## **5. Support for various activities**

(1) Kesennuma

We provided support for various activities by connecting with each organization and group that is active in the community and through venues such as NPO and non-governmental organization (NGO) liaison meetings. On March 8, 2020, we were planning to participate in the 3rd Kesennuma Disaster Prevention Festa, but this was postponed to observe COVID-19 countermeasures.

As in FY2018, we also cooperated in the operation of Wakachiai no Kai, which was hosted by the NPO the Sendai Grief Care Study Group as support for bereaved families in FY2019.

(2) Discussion

We were able to grasp the local situation and issues from various perspectives by sharing information with local organizations and participating in community activities, and we effectively linked them to the various projects implemented by the Center.

## **6. Children's Mental Care Community Base Project**

(1) Resident support

As in FY2018, we continued to provide consultations for local elementary school, junior high school, and high school students in FY2019. The consultation content included truancy, poor adaptation to school, self-harm, poor academic performance, and domestic problems. Most consultations were done through the school, and the number of consultation requests increased relative to FY2018.

(2) Other activities

①. Implementation of mental health activities for high school students

We conducted mental health promotion activities for all 360 students and 10 instructors at Toryo Gakuen Toryo High School in the “working group” (henceforth, “working”) by the practitioners of the Mental Health Medical Welfare Liaison Council, which is under the jurisdiction of Kesennuma and implemented by the public health center. We introduced health education content using skits and referred to consultation institutions in Kesennuma. The Senshinkai Kesennuma Living Support Center for the Disabled joined the administrative office in FY2019, with four institutions managing the administrative office (the three others are the Kusanomikai Hikarigaoka Recreation Center, the public health center, and the Center).

②. Delivering health lectures at junior high school

We delivered the health lecture “Important feelings, important self,” under the theme of communication, to 52 second-year students and five instructors at Kesennuma Omore Junior High School.

③. Public awareness at children's associations

We conducted public awareness activities relating to mental health at the Ishiko Children's Association Christmas meeting for 27 elementary school students and ten parents by making Christmas cards and playing with blow-up pipes.

④. Cooperation with play meetings (consultations on children's language)

We participated in play meetings at the request of the Municipal Health Promotion Division. We made efforts to understand the development of children in the affected area and cooperated with implementation.

(3) Discussion

With regard to individual consultations, it is thought that even for cases where the chief complaint was truancy or poor adaptation to school, the background could often be traced directly or indirectly to the Great East Japan Earthquake; for example, due to changes in the family situation as a result of the disaster.

Support was provided not only for the children directly but also for their parents. This support was often provided in collaboration with the individual's school or a related institution.

Consultations, which began from FY2015, were conducted at one high school every year, and were conducted at all five high schools in both municipalities by FY2019. The number of consultations that have been done through schools has increased every year since they began and are thought to have not only raised public awareness about high school students' mental health but also provided an opportunity to collaborate with schools.

We will continue to provide individual support and make efforts to raise public awareness about mental health in collaboration with related institutions in the future.

**Conclusion**

This year involved extensive work, not only to support the victims of the Great East Japan Earthquake but also to improve community mental health and welfare activities in addition to the projects mentioned so far, such as attending meetings conducted in both Kesenuma and Minamisanriku, as well as those of related institutions, and holding discussions with public health centers and the Miyagi Prefecture Mental Health and Welfare Center about the post-reconstruction/creation period. We were able to achieve each activity with the cooperation and advice of local associated institutions and related parties, including the municipalities' administrative institutions.

We will have a limited activity period in the future, but we hope to engage in such activities while listening to the voices of the community and returning to the basics.