

Ishinomaki Regional Center – Community Support Division Activity Report

Miyagi Disaster Mental Health Care Center
Ishinomaki Regional Center Community Support Division
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Introduction

The activity areas of the public interest incorporated association the Miyagi Prefecture Mental Health and Welfare Association Miyagi Disaster Mental Health Care Center Ishinomaki Regional Center (henceforth, the “Center”) are in the two cities of Ishinomaki and Higashimatsushima and the town of Onagawa.

We started with a 12-person structure at the beginning of FY2019, with a part-time doctor as the director, five full-time psychiatric social workers, two public health nurses, one occupational therapist, one administrator, and two part-time public health nurses. An occupational therapist was seconded to Ishinomaki, and one psychiatric social worker was seconded to each of the municipalities of Higashimatsushima and Onagawa.

The population, number of households, population density, aging rate, and livelihood protection rate of the Ishinomaki area, consisting of Ishinomaki, Higashimatsushima, and Onagawa, are shown in Table 1.

Table 1. Breakdown of population, etc., in the Ishinomaki area as of the end of February 2020

Breakdown	Male	Female	Total	Number of households (units)	Population density	Aging rate	Protection rate
Ishinomaki	69,182	73,167	142,349	61,566	256.72	32.4	11.12%
Higashimatsushima	19,528	20,248	39,776	16,025	392.42	28.7	8.53%
Onagawa	3,138	3,255	6,393	3,122	97.83	38.7	11.14%
Area	91,848	96,670	188,518	80,713	261.39	31.9	

※Miyagi Prefecture aging rate: 27.5%, protection rate: 12.77%

※Referenced from each local government website at the end of February 2020.

Ishinomaki has a population of 142,349 people (-2,474 people compared to that of the previous year; the same applies below), 61,566 households (+198), and an area of 554.59 km²; Higashimatsushima has a population of 39,776 people (-416), 16,025 households (+198), and an area of 101.36 km²; and Onagawa has a population of 6,393 people (-111), 3,122 households (+4), and an area of 65.35 km². The total population is 188,518 people (-3,001), the number of households is 80,713 (+420), and its area is 721.3 km². The population has decreased, but the number of households is increasing, and it is thought that the number of single-person households is rising due to the increasing number of nuclear families.

1. Resident support

The focus of the Center’s activities is resident support, and characteristic ones include salon activities such as Koko Farm, mental health care workshops, human resource development training, e.g., workshops for supporters, and Danshukai meetings to support participant groups. These activities were mostly smoothly carried out because the Center’s staff actively sought to take on projects that they could do independently.

(1) Home visit surveys

Ishinomaki requested health surveys of disaster public housing residents conducted jointly with the prefecture and the city (henceforth, “health surveys”), and we have provided individual support through home visit surveys. Issues have become increasingly complicated nine years after the earthquake disaster.

Problems sometimes evolve into multiple aspects (e.g., support for issues with receiving pensions or livelihood protection for those experiencing financial hardship, and consultation support for those with illnesses), and the provision of time-consuming support is often necessary.

There are concerns about the incidence of various health problems due to the transition from emergency temporary housing to disaster public housing, so health surveys seek to determine residents’ health status and identify persons in need of a follow-up to health support projects. The survey results are used as basic material for policy development.

The FY2018 health survey was distributed and collected by mail from November 2018 to February 2019, and leaflets requesting the Ishinomaki City Council of Social Welfare support staff’s cooperation as well as verbal reminders were given during collection.

The surveys were requested by our Center, the Earthquake Mental Care Network Miyagi Karakoro Station (henceforth, “Karakoro Station”), and the Japan Medical and Social Welfare Association. According to Ishinomaki’s “FY2018 Disaster Public Housing Health Support (for Those in Need of Follow-Up) Flow Chart,” the survey recipients who received requests from the Center and the Karakoro Station were those who met the following criteria: (1) K6 = 13+ points, (2) alcohol consumption starting in the morning/afternoon, and (3) insomnia + weight loss of at least 3 kilograms. Household members under the age of 64 years with (1) K6 = 13+ points, (2) alcohol consumption starting in the morning/afternoon, and (3) insomnia + weight loss of at least 3 kilograms also received prioritized support in consideration of suicide countermeasures targeting working men.

The survey areas are:

- Areas overseen by the Center..... Hebita, Kama/Okaido
- Areas overseen by Karakoro Station.....Ishinomaki/Kadonowaki, Sumiyoshi, Yamashita, Minato,

Watanoha, Oginohama

Center staff received requests from the Ishinomaki Health Department Health Promotion Division (henceforth, “Ishinomaki Health Promotion Division”) and managed the home visit surveys for 131 individuals in 121 households from March 2019 to February 2020. The staff were able to conduct home visits and listen to stories in 112 households for a household implementation rate of 91%; they also conducted 114 individual interviews for a rate of 87.8%. The subjects receiving requests for home visit surveys by Center staff often included those in single-person households (particularly men) who were unemployed and/or had no counselor. There were 56 single-male households and 56 single-female households.

There were 131 survey subjects in total (63 males, 68 females). The age range was from the teens to the 90s, and there were 29 people each in their 60s and 70s.

Results are as shown in Table 2.

Table 2. Number of surveys requested for FY2018

	Received on February 28, 2019 (reported on June 21)	Received on April 19, 2019 (reported on July 2)	Total
Household members (number of households)	107 (99)	24 (22)	131 (121)
(1) Those who were completed with one confirmation	62	10	72
(2) Those who received continued support for more than one session	31	11	42
(3) Unconfirmed individuals (those who could not be contacted)	14 (8) 14 households	3 (1)	17 (9)

Results for the 42 people who continued to receive support were as follows:

- Over half of subjects were female (61.9%).
- Approximately half were over the age of 65 years (47.6%).
- Over half were unemployed (59.5%), of which 40% were between the ages of 30 and 64 years.
- The economic situations were, in descending order, “individual/family income,” “pension,” and “livelihood protection.”
- As for family composition, “elderly and living alone” was the highest (31.0%), but a breakdown of multiple family composition showed that “nuclear family” accounted for approximately half (47.4%), followed by “elderly parent + child (single male)” (26.3%), and “elderly parent + child (single female)” (15.8%).
- Approximately 70% (73.8%) of those had a K6 = 13+ points for the items requiring confirmation in the health survey.
- Approximately 90% (88.1%) responded that they had an illness.
- Details on those who responded with “illness present” include that approximately half (45.2%) indicated “undergoing hypertension treatment.”
- For current situations, over half (57.1%) responded that they have “insomnia.”
- Many responded with “none” for drinking habits at 81.0%, with 11.9% responding with “alcohol consumption starting in the morning/afternoon” and 9.5% responding with “three or more drinks per day on over four days a week.”
- Over half (57.1%) responded that they had “very little” or “little” opportunity for physical exercise.
- Approximately 70% responded that they “do not participate” in events.
- Approximately half each responded that they “have” or “do not have” a counselor.
- As for support methods, approximately half (47.8%) responded that they received home visit support.
- Regarding support frequency, 38.1% had two sessions, but there were also those who received five (9.5%), seven (2.4%), and ten sessions (2.4%).
- Regarding support content, many received support in the form of “health checkups,” “attentive listening,” and “consultations for health conditions and illness.”
- Regarding reasons for continuation, approximately half (54.8%) cited “mental care,” followed by “illness,” “family problems,” and “economic problems” in descending order.

Of the 42 individuals who received continuation follow-ups, 30 concluded their sessions and 12 continued sessions as of the end of March 2020. Those 12 individuals were supported until they could make connections with new supporter providers, such as livelihood protection, the Comprehensive Community Support Center, and the support office for the disabled.

(2) The Koko Farm project (local resident salon activity: group activity)

In 2019, all 14 members (six men between 62 and 85 years; eight women between 60 and 79 years) were living in Ishinomaki; 12 are disaster public housing residents, and two have rebuilt their homes. Seven years have passed since the project’s establishment, and the average age of those in their 60s is now 71.6 years (men: 74.5 years; women: 67.6 years).

We ask participants to be leaders, but the leader, participants, and volunteers collectively decide which vegetables are to be grown and how the work should be done. Summer 2019 temperatures were high, and given the participants’ advanced age, it was decided after some discussion that the working times would be from 8:30 am to 10:30 pm. The Koko Farm project was implemented 18 times due to weather; additionally, either the volunteers and Center staff or the volunteers only implemented the project 11 times, for a total of 29 times. There were 191 participants in total (92 men, 99 women), with an average of 11 participants per session. The implementation status is as shown in Table 3.

In FY2019, vegetables (Chinese cabbage, potatoes, radishes, onions, etc.) were donated to two locations of the children’s cafeteria run by the Ishinomaki City Council of Social Welfare and NPOs. Donations started at the volunteers’ request from FY2017.

Table 3. FY2019 Koko Farm Implementation Status

Implementation period and time	Number of implementations	Number of users	Number of volunteers	Number of staff	Total number of participants
March–December Twice a month 9:00–11:00 (8:30–10:30)	29 times	191 people (14 actual users)	63	109	363

※Nine sessions where only volunteers and staff were present.

※Two sessions where only volunteers were present (preparatory work such as making furrows and spraying fertilizer).

As the Koko Farm participants regained their energy, those who started the resident’s association activities in disaster public housing with the cooperation of the Council of Social Welfare also actively participated in community activities (as volunteers).

While discussing activities in FY2020 on February 20, 2020, we heard the following story from the project leader:

“We only had a few participants at first, but our numbers have grown now, and it has become a wonderful gathering of people. It has been said that the activities of the Koko Farm have been ongoing for ten years, but we have all become friends, so we’d like to establish something where we can continue to meet in the future, even after the conclusion of activities. We also think it would be great if each of us can become a leader in the housing complexes where we live.”

As of discussions on February 20, our Center will not continue in its current form and is expected to reduce the scale of projects, so the future is currently uncertain. The project is slated to conclude in FY2020, but we intend to continue it in its previous form so that we can continue to have fun together. Furthermore, we will need to keep a summary of the necessities of mental care activities, as disasters have been occurring frequently in recent times. We would like to talk to each person when summarizing the Koko Farm activities, so we have stated that we are asking for their cooperation.

The volunteers said, “We will plant potatoes this year in the area where we planted Chinese cabbage. We have sown rice bran today in preparation for this. Currently, we have kinusaya, snap peas, garlic, carrots, and cabbage in the fields, and these are growing steadily. We would like to weed the area and add fertilizer in the fields. In the future, we are planning to plant potatoes (Kita-akari, Danshaku) and spring carrots. Afterward, we will plant summer vegetables.” This comment shows that all participants are looking forward to working on Koko Farm in FY2020 as well.

Regarding anticipated issues over the next year, we will consider how to close the Koko Farm project as well as how to support the elderly participants who live in the community.

(3) FY2019 Danshukai meetings

The Danshukai Experience Meeting, which was started in late June 2015 at the request of participants to “listen to the stories of those who have quit alcohol” at the Kahoku General Branch Health Center, was hosted on the second Thursday of each month. From April 2017, the venue moved to the Ishinomaki Health Counseling Center in front of Ishinomaki Station, and the event was held as a Danshukai meeting from April 2019. The implementing body transitions are as shown in Table 4.

Table 4. Changes in implementing bodies

Year		Organization
2017	Sponsor	Miyagi Disaster Mental Health Care Center Ishinomaki Regional Center
	Backing	Ishinomaki
	Cooperation	Miyagi Prefecture Danshukai / Tohokukai Hospital
2018	Sponsor	Miyagi Disaster Mental Health Care Center Ishinomaki Regional Center
	Backing	Miyagi Prefecture Danshukai
	Cooperation	Ishinomaki
2019	Sponsor	Miyagi Prefecture Danshukai
	Backing	Miyagi Disaster Mental Health Care Center Ishinomaki Regional Center

Although the names differ, both the Danshukai Experience Meetings and the Danshukai meetings were managed by Danshukai staff, and these were conducted in the same format as the regular Danshukai meetings, where participants read through the guidelines and norms issued by the All-Japan Alcohol Abstinence Federation and shared their own stories.

In 2017, the venue was moved from the Kahoku General Branch Health Center to the Ishinomaki Health Counseling Center. Backing was requested from Ishinomaki city and provided. They received the cooperation of Ishinomaki city and were able to regularly secure the venue, so the meetings were hosted with sponsorship from the Center, backing by Ishinomaki city, and cooperation from the Prefecture Danshukai.

In 2018, we received Ishinomaki’s consent to cooperate by securing the venue. The meetings were hosted with the Center’s sponsorship and backing by the Prefecture Danshukai. The participant status from FY2017 to FY2019 is shown in Table 5.

Table 5. Participant status from FY2017 to FY2019

	Number of im- plementations	Participants	Families	Danshukai	Sup- port- ers	Other	Total
FY2017	12	35	6	35	41	0	117
FY2018	12	53	4	34	20	0	111
FY2019	11	46	1	33	16	0	96

※ Danshukai meetings were suspended in March 2020 due to COVID-19.

※ Supporters in FY2019 consisted of public health nurses and Center staff.

The FY2019 participants who have continuously participated since the start of the meetings at the Ishinomaki Health Counseling Center numbered three in total: one has abstained from alcohol for many years, and the other has abstained from alcohol for four years; both have become Danshukai members, while the remaining individual has not yet joined. New participants from April 2019 numbered three in total, of which one has continuously participated. As of the end of February 2020, four Danshukai meeting participants (two members) participated without any absences, and three members from Prefecture Danshukai operate each of the meetings.

The name has changed, but it has been five years since the start of the Danshukai meetings, and there are people who have become members. Furthermore, there are more participants who attend without any absences, and the meetings are always operated by seven to eight participants, including members of Prefecture Danshukai.

There are also newly participating members who joined through referrals from related individuals such as public health nurses, and the meetings operate with the support of many people in the community.

In Ishinomaki, the venue has been the East Branch/Ishinomaki Regular Meeting Hall in the Ishinomaki Health Counseling Center every Saturday from 19:00 (as of January 2020, it is hosted twice a month on the first and third Saturday of the month from 19:00). However, the hosting time is late, at 19:00, so it was difficult for those who were hospitalized in places like psychiatric hospitals to attend. Therefore, it is thought that hosting the meetings in the daytime would serve as a major driver for the increased attendance of individuals with alcohol problems and their families.

There are currently many requests from members who participate in the meetings, but we would like to think about the future of these meetings while collaborating with the Miyagi Prefecture Danshukai, psychiatric hospitals in the area, psychiatric clinics, the Ishinomaki Health Promotion Division, and the Ishinomaki Health Center.

The year 2019 is the fiscal year prior to the Center’s closure, so we had Prefecture Danshukai sponsor the meeting, with the Center acting as the backing for the meetings. The name “Danshukai meetings” is also moving toward reflecting independence.

However, regular meetings have not been hosted due to the COVID-19 pandemic. At Danshukai meetings to date, we have experienced the phenomena of continuous participation in meetings leading to alcohol abstinence. However, alongside support for independence, we would like to think about the kind of support that we can provide to participants who cannot gather, given that we do not know how long the pandemic will last.

2. Supporter support

(1) Secondment

①. Ishinomaki secondment

The seconded individual belonged to the Ishinomaki Health Promotion Division Mental Health Group, where they supported mental health group projects in addition to victim health support projects. They have been engaged in administrative work relating to home visit health surveys such as in disaster public housing, the coordination of contact points with each support group, summarization, and handing over to other divisions and institutions after home visits. In addition, a victim support team was created with a municipal public health nurse and a dispatched support public health nurse, and home visit surveys were conducted. The work carried out in Ishinomaki is described below.

- a. Resident/individual support
 - Includes the administration of FY2019 home visit health surveys of reconstruction public housing residents (treated as municipal housing)
 - Support for the FY2019 health survey of disaster public housing (jointly with the prefecture)
- b. Supporter support (support for public health nurses, related divisions, related institutions, and support groups that serve the Hebita district)
 - Hebita district area meeting
 - Network meetings (January 2020) (core meetings until November 2019)
 - Meeting of managers associated with mutual assistance housing
- c. Mental health group work support (support for the promotion of the Ishinomaki Suicide Countermeasures Promotion Plan)
 - Support for suicide countermeasures public awareness activities
 - Support for suicide countermeasures-related meetings
 - Drafting and managing meetings of related persons in victim health support
 - Support for the operation of workshops related to suicide countermeasures
- d. Mental health group project support
 - Alcohol-related project support
 - Mental health staff meetings
- e. Other
 - Higher brain dysfunction family association Kamome no Kai voluntary activity promotion and activity support

②. Higashimatsushima secondment

The individual seconded to Higashimatsushima belonged to the Higashimatsushima Health and Welfare Promotion Division (henceforth, “Higashimatsushima Health Promotion Division”) Mental Health and Welfare Group, where they assisted public health nurses who oversaw the districts, provided individual support for psychiatric cases, provided children’s mental health care consultations, coordinated suicide survivor family support, cooperated and collaborated with related institutions, planned projects managed by the Mental Health Group, assisted with operations, participated in meetings of related parties, supervised supporters, and organized various materials. Higashimatsushima holds the individual in high regard. The work carried out in Higashimatsushima is described below.

- a. Resident support
 - Individual support such as telephone support, home visits, walk-ins, accompanying consultations, and participation in care meetings
 - Follow-ups on various health surveys
 - Children’s mental health care consultations

- b. Supporter support
 - Cooperation and collaboration with related divisions in the government building, Central Support Center, Comprehensive Center, Consultation Support Office, and Living Security Support Center
 - Participation in case study meetings and various meetings, help with clerical work, and help with project management according to public health nurses' instructions
- c. Involvement in various projects in Higashimatsushima
 - Suicide survivor family care projects
 - Alcohol-related project
 - Suicide countermeasures project
 - Study sessions with the Disability Consultation Support Office and the Comprehensive Community Support Center
 - Consultation desk public awareness project
- d. Meetings
 - Regular meetings with municipal public health nurses
 - Regular meetings with the city and Ishinomaki Regional Center
 - General Support Council Consultation Support Subcommittee Plenary Session/Administrative Office Meeting
- ③. Onagawa Secondment

The individual seconded to Onagawa belonged to the Health and Welfare Division Health Measures Section (Health Center). The work carried out in Onagawa is described below.

 - a. Resident support
 - Individual case support; health surveys of disaster public housing
 - b. Raising public awareness
 - Dispatching lecturers to deliver mental health care lectures to residents (lecture by Dr. Nobuhiko Harada on mental health promotion)
 - Dispatching a doctor from the Miyagi Disaster Mental Health Care Center specialized consultation meeting (Dr. Nobuhiko Harada)
 - Raising public awareness of mental health via Onagawa public relations bulletins
 - c. Supporter support
 - Involvement in government officials' mental health projects
 - i. Issuance of mental health communications
 - ii. Mental health surveys (implementation of stress checks, individual interviews by an industrial physician)
 - Cooperation with suicide countermeasures projects (meetings about projects, dispatching lecturers to workshops)
 - d. Various meetings
 - Area meetings
 - Community care network meetings
 - Regular disability consultation support meetings
 - e. Involvement in health center projects
 - Health and nutrition classrooms
 - Various examination projects

The seconded individuals also reported the following.

As in FY2018, the activities of the seconded individual in Onagawa intertwined with the work of the Health and Welfare Division Health Measures Section (Health Center), particularly that of the mental health and welfare project, based on the town's requests. In addition to resident support in the form of home visits, telephones, and case meetings with related parties, the seconded individual was engaged in the dissemination of information to raise public awareness about familiar mental health issues (e.g., stress and insomnia) in district health classrooms and the dissemination of municipal public relations bulletins for residents, sponsored by the Health Center. The mental health care course, which has been conducted in various districts since FY2018, also continued in FY2019, and the individual was involved in the dispatch of part-time psychiatrists at our Center as well as planning and operation. This was aimed at promoting mental health, and it is an opportunity to learn about the importance of understanding illness and supporting each other, mainly on the themes of depression and dementia. The course was offered in six districts this fiscal year. There were some people who asked specific questions about their friends and family and who directly requested health consultations with the lecturer. The course is offered jointly with volunteers in Onagawa who have good listening skills, and it also serves as a place for exchange between the town's residents. The part-time doctor has set up a regular place for consultation, namely the Miyagi Disaster Mental Health Care Center Specialist Consultation Meeting, which has been made public knowledge through municipal public relations bulletins, and conducted consultations with supporters and residents. The number of consultations was not high, but having the same doctor consulting continuously has led to a sense of security among counselors and supporters. Furthermore, as part of the suicide countermeasures project in Onagawa, there was a request for a lecturer at the suicide countermeasures workshop for local welfare officers; this request was handled by an Ishinomaki Regional Center staff member. We continued to cooperate with the Onagawa municipal staff's mental health project. We shared information about mental health with staff once a month through the agency's LAN(Local Area Network) under the title "Heart Communications." We also received repeated requests for stress checks for employees who were actively involved in FY2018, as well as for interviews with industrial physicians. Therefore, as in the previous fiscal year, we performed stress checks and helped adjust industrial physician interviews based on the stress-check results.

(2) FY2019 Koyo Municipal Housing Complex Health Consultation Meeting

①. Background of project launch

After the Great East Japan Earthquake, the Koyo Municipal Housing Complex housed many residents who moved into the unit as temporary housing. The Ishinomaki Health Promotion Division outsourced the temporary housing health support project to the public interest incorporated association the Miyagi Prefectural Nursing Association (henceforth, "Miyagi Prefectural Nursing Association"), and the health consultation meeting was hosted at the Koyo Municipal Housing Complex from August 2012. As of March 31, 2019, the health consultation meetings were concluded with the end of the contractual work for Ishinomaki by the Miyagi Prefectural Nursing Association.

However, there were many requests from residents to continue the consultation meetings, and although the number of residents in temporary housing has decreased, the percentage of elderly and single residents is increasing. Therefore, in an effort to prevent solitary deaths and suicides, the Ishinomaki Health Promotion Division requested that the Hebita Comprehensive Community Support Center continue the project.

Hebita district has seen population increases due to post-earthquake disaster development, and the number of cases overseen by the Hebita Comprehensive Community Support Center has increased, so we received a request for the Center's cooperation.

The Center decided to get involved in the health consultation meetings, with the objectives of increasing the number of residents who can live healthy lives through health consultations and collaboration with specialized institutions, preventing social withdrawal by promoting exchange between residents through health consultation meetings, and making efforts to prevent solitary deaths and suicides. This was linked to our involvement in the Ishinomaki Suicide Countermeasures Promotion Plan.

①. Subjects

Residents of the Ishinomaki Koyo Municipal Housing Complex (39 buildings and 194 households as of July 29, 2019)

②. Overview

a. Dates: April 2019–February 2020 (every fourth Wednesday of the month, 9:30–12:00)

※Suspended in March due to COVID-19

b. Location: Ishinomaki Koyo Municipal Housing Complex Common Room (Municipal Housing Room 165)

c. Content

i. Blood pressure measurements, health consultations

ii. Mini lecture (20–30 minutes)

iii. Exercises, games, recreation

d. Staff

i. Ishinomaki Hebita Comprehensive Community Support Center (1–2 individuals)

ii. Miyagi Disaster Mental Health Care Center Ishinomaki Regional Center (2 individuals)

iii. Miyagi Disaster Mental Health Care Center Supporter (1 individual)

e. Dissemination methods

The Comprehensive Community Support Center creates leaflets for guidance every month and requests that the caretaker of each district distributes the circulation board to all households to disseminate the information.

③. Implementation status

The actual number of participants by age is shown in Table 6.

Table 6. Actual number of participants by age

Age	55–59	60–64	65–69	70–74	75–79	80–84	85 and up	Total
Number of people	1	1	1	5	4	5	1	18
Percentage	5.6%	5.6%	5.6%	27.8%	22.2%	27.8%	5.6%	100%

Note. Age is calculated using year-end age.

Eleven health consultation meetings were hosted from April 2019 to February 2020, with a total of 100 participants (actual number: 18 people). The average number of participants per session was 9.1, of which 8.7 were female; the majority of participants were women. The participants' ages ranged between 50 and 80 years, and participants over the age of 70 comprised 83.3% of the total.

The Ishinomaki Health Promotion Division oversaw lectures on lifestyle-related diseases and dental health, and other themes were overseen by the Comprehensive Community Support Center and our Center.

In addition to disseminating information about the health consultation meetings, the Comprehensive Community Support Center coordinates with the Ishinomaki Health Promotion Division regarding instructor requests and meetings. Participants included those who were supported by the Comprehensive Community Support Center, so we have requested that efforts be made to ensure that everybody can have fun while participating.

A former Nursing Association staff member registered with the Supporter's Club and is still an active staff member. Previous health consultation meeting participants have participated continuously since there is a familiar face among the staff. Furthermore, information about the health consultation meetings is disseminated through the caretakers, who also invite interested individuals directly. It is thought that such careful consideration also encourages residents to participate.

④. Discussion

When looking at the number of participants, we can see that the number increased in the latter half of the sessions. The number of new participants increased, potentially due to the establishment of the health consultation meetings among residents. Continuing participants were able to communicate in multiple sessions, and they began to inquire as to each other's recent developments by asking, "How are you?" when they met each other in the hall. Furthermore, there have been scenes of information exchange relating to the maintenance of health among participants; hence, the health consultation meetings have become venues for interpersonal and information exchange.

The number of elderly people and single individuals is increasing in the Koyo Municipal Housing Complex, where this project was held, so the health consultation meetings have incorporated lifestyle-related diseases in order to improve health and increase connections in an effort to prevent isolation. The rooms where the health consultation meetings are held are located inside the housing complex, so the venues are accessible by foot and serve as a suitable gathering place. The health consultation meetings are small-scale, but they are thought to serve as a place where elderly people can leave home to have a place to go, as well as a place to make connections.

There are some residents who, after the earthquake, have not grown accustomed to the new environment and have become stressed due to changes in their lifestyle and local communities, resulting in physical and mental disorders. Health promotion in the future will need to be conscious not only of physical health but also of mental health, with consideration to creating an environment that provides support from the entire community and can facilitate connections. It is thought that continuing to collaborate with municipalities and the Comprehensive Community Support Center through venues like health consultation meetings as a specialized organization for mental care is important in order to increase the number of residents who can live healthy lives.

3. Human resource development/training

Human resource development and training have been hosted through the sponsorship and backing of administrative institutions and educational committees in the prefecture and area.

(1) Alcohol-related problems training

Alcohol-related problems have manifested themselves in the wake of the earthquake disaster, and there are many people who have struggled to handle these issues. Therefore, in FY2019 as well, we hosted alcohol-related problems workshops in collaboration with administrative institutions and various supporting institutions.

①. Ishinomaki Public Health Center

The event was co-sponsored with medical institutions, police stations, fire departments, the Comprehensive Community Support Center, long-term care support offices, and administrative institution staff members. As in the previous fiscal year, we hosted workshops in FY2019 on the theme of "collaboration between internal medicine and psychiatry."

We requested that psychiatrists and internal physicians in the area give lectures on the treatment of alcoholics in the Ishinomaki area so that we could collaboratively develop community-based activities.

• Date: 19:00 until Thursday, December 12, 2019

• Theme: Alcohol-related problems at the Ishinomaki Red Cross Hospital Emergency and Critical Care Center

Lecturer: Dr. Michio Kobayashi, Director of the Ishinomaki Red Cross Hospital Emergency and Critical Care Center, "Basic knowledge of alcohol dependence and efforts at the hospital"

Lecturer: Dr. Tsutomu Kimura, Director of the Kashima Memorial Hospital

• Participation: 53 individuals

We would like to consider training that focuses on creating a community system in FY2020 as well.

②. Workshops in Ishinomaki

The Ishinomaki Health Promotion Division requested cooperation to train of staff with respect to alcohol problems, so we conducted two workshops at the Ishinomaki Taiyo Seimei Building with the permission of the Tohokukai Hospital Community Support Division. Many individuals were in attendance, such as persons from the Ishinomaki Health Promotion Division, public health nurse branch staff, and caseworkers in charge of livelihood protection.

- 1st alcohol-related problem supporter workshop

Date: December 5, 2019 (Thu.)

Theme: Alcohol dependence and family support — Responding to stakeholders and communicating effectively

Participation: 22 individuals

- 2nd alcohol-related problem supporter workshop

Date: January 10, 2020 (Fri.)

Theme: Alcohol dependence and family support — Responding to stakeholders and communicating effectively

Participation: 26 individuals

For FY2020, the budget was approved since the alcohol-related problems workshops were seen as a necessary for municipal staff.

(2) Suicide countermeasures workshop

When holding the workshop in FY2019, our Center had discussions with the Ishinomaki Health Center and hosted the Ishinomaki area suicide preventive countermeasures workshop for medical institutions, police stations, fire departments, the Comprehensive Community Support Center, long-term care support of offices, and administrative institution staff members in the Ishinomaki area.

The comprehensive suicide countermeasures charter seeks to further strengthen suicide countermeasures in the community based on “aiming to realize a society where nobody is driven to suicide.” Supporters involved in consultation services have often felt agitated or restless due to complaints from or consultations with individuals with suicidal ideations, and they have struggled to respond adequately. This has, in turn, burdened the supporters themselves. In order to help support future suicide prevention measures, we decided to host the workshops with the first session slated as an opportunity to consider “earthquake-related suicides in Fukushima and preventive interventions” and the second session aimed at deepening the understanding of suicide countermeasures support in the community, addressing the subjects “the status of suicides in Ishinomaki” and “how to link community development and suicide countermeasures.”

- Sponsor: Ishinomaki Health Center

Miyagi Prefecture Mental Health and Welfare Association, Miyagi Disaster Mental Health Care Center, Ishinomaki Regional Center

- Venue: Conference room on the first 1st floor of Miyagi Prefecture Ishinomaki Government Building

● FY2019 1st Ishinomaki area suicide prevention countermeasure workshop

- Lecture: “Earthquake-related suicides in Fukushima and preventive interventions”

- Lecturer: Dr. Shinichi Niwa (Doctor, Psychiatry Department, Aizu Medical Center, Fukushima Medical University)

- Date: 13:30–15:30, Monday, December 2, 2019

- Participants: 60

- FY2019 2nd Ishinomaki area suicide prevention countermeasure workshop
 - Information provided: Status of suicides in Ishinomaki, Ishinomaki Health Center Mother and Child/Disability Group
 - Lecture: “How to link community development and suicide countermeasures”
 - Lecturer: Tadashi Takeshima (Director, Mental Health and Welfare Center, Disability Health and Welfare Department, Kawasaki Health and Welfare Bureau)
 - Date: 13:30–15:30, Wednesday, February 12, 2020
 - Participants: 66

We distributed toolkits for promoting community efforts that prevent suicide to participants during the second workshop.

※ “Toolkits for promoting community efforts that prevent suicide”

Date of issue: September 10, 2018

Translation: Manami Kodaka, Tadashi Takeshima

Issued by: National Mental Health and Welfare Liaison Council

Committee for promoting the use of the WHO World Suicide Report

4. Children’s Mental Care Community Base Project

(1) Wide-area workshop on mental care for children (publicized as a “mental health care workshop”)

We hosted a lecture titled “Valuing children’s personalities — Understanding and responding to highly sensitive children (HSC),” delivered by Dr. Daiji Akehashi, who is the director of the Department of Psychosomatic Medicine in Shinseikai Toyama Hospital, from 14:00–16:00 on Friday, October 4, 2019. It targeted professionals who are raising and educating infants and elementary school children in areas affected by the Great East Japan Earthquake. Its theme was “characteristics of child development, recent problems affecting children, and appropriate supporter responses.” The objective was to provide an opportunity to think about what can be done to bring out the child’s power while remaining close to the child’s heart.

The sponsors were Miyagi Prefecture and the Miyagi Disaster Mental Health Care Center, co-sponsored by the Miyagi Prefecture education committee. A total of 282 participants from all over the prefecture, including public health nurses, nursery teachers, kindergarten teachers, elementary school teachers, private children’s committee members, and foster parents, attended, gathering in Aeon Cinema Ishinomaki No. 7.

(Comments from the participants)

- In the classroom, children’s personalities vary, but what left a big impression was that the topics taught today are applicable not only to HSC cases but to all children.
- I was able to reaffirm the importance of fostering a sense of self-affirmation in parents in order to foster a sense of self-affirmation in children. I was able to learn what is important as a supporter.
- It made me think that adults need to have some emotional bandwidth in order to foster a sense of self-affirmation in children. The parents themselves may be irritated due to their busy schedule, or they may scold with a harsh tone if they are not calm. I would like to help parents find that emotional bandwidth and be in a good place to fulfill their role as parents.
- I was able to think deeply about the idea of self-affirmation. I had misunderstood overbearing parents as having a strong sense of self-affirmation, but I have learned that they cannot be patient with their own feelings and that they affirm neither themselves nor their children, since they just complain. I learned that the way to deal with this is to praise the parents, even just a little, and I have found this to be useful.
- I am glad that I was able to learn about the necessary relationships, not only for HSCs but for all children. I once again felt the need to provide support for boosting parents’ self-affirmation.

(2) Ishinomaki area training for children’s mental health care

We hosted this training as an opportunity for thinking about the changes in children’s mental health, future problems that may occur in children, and how to prevent and support them. These were based on the mental health support activities for children that Konodai Hospital conducted in the Ishinomaki area immediately after the disaster.

Our Center sponsored the training, and co-sponsors included Ishinomaki, Higashimatsushima, and Onagawa, as well as their respective education committees.

The event was held from 13:30–16:00, Thursday, November 14, 2019, at the Ishinomaki Yurakukan Kanan Hall. The lecturer was Dr. Masahide Usami, who is the director of the Department of Child Psychiatry, National Center for Global Health and Medicine, Konodai Hospital. The theme was “What is attachment disorder? How to support children with attachment disorder and their parents.” There were 92 participants, including public health nurses, nursery teachers, kindergarten teachers, elementary school teachers, and junior high school teachers in the Ishinomaki area.

(Comments from the participants)

- This was a workshop where I could learn how to support children and parents, and where I could reflect on my own responses to them. The story about how the effects can manifest themselves not only now but once the child grows up left an impression on me.
 - The statement that schools and teachers are the means by which children with attachment problems can experience themselves as valuable people, providing potential for growth left an impression on me.
 - Continuing the work regardless of age...the workshop re-affirmed that this is why it is a deep and difficult problem.
 - I learned that attachment problems stem from the relationship between mother and child. I also learned that it is important to match the communication method to the other person’s level, so I would like to incorporate this in my future practice.
 - There are few children that are formally diagnosed with attachment disorder, but many children have these issues. However, it is very difficult to support the parents. I once again was able to affirm that we should not use the word “love” and that we should not impose the child’s perspective. The idea of “sharing emotions” is often used, even at schools, to interact with children, and even if it is gradual, there are some changes seen here. I would like to do what I can. Thank you very much.
 - I learned that there are few children with an actual attachment disorder diagnosis. Much of the content made sense, such as how to express that there are attachment problems. I feel that the fact that parents may have developmental disabilities as well is a very real problem in the field.
 - The term “attachment disorder” seems to have taken on a life of its own, but I learned that this term needs to be used carefully, and the word “love” should not be so readily used when offering support. I learned that attachment is important.
 - When there are parents and children of interest, I cannot help but say “Love is...” I was able to understand the difference between love and attachment. I would like to support both parents and children in a safe space.
- ※ We sent 280 copies of “Mental and physical care — When your mind is injured” from the National Center for Child Health and Development, National Center for Child Health and Development. We also received consent to reprint 300 copies, which were distributed to participants.

(3) Dispatching public health nurses to child-rearing consultations at the NPO Baby Smile (Ishinomaki Child-Rearing Generation Comprehensive Support Center Issyo)

Baby Smile is an organization that was established for the purposes of providing child-rearing support to groups such as pregnant women and the parents of preschoolers, and contributing to the post-earthquake disaster recovery and reconstruction of parents’ and children’s mental, and physical health and the child-rearing environment. They are involved in activities aimed at building a child-rearing network, realizing seamless support before and after childbirth, and stimulating community development and cooperation centered on child-rearing.

In FY2019, a public health nurse was seconded to the Ishinomaki Child-Rearing Generation Comprehensive Support Center Issyo once a month (aiming for two cases per month); that nurse conducted a total of 23 consultations.

Child development and rearing were confirmed with the mother on the spot, while assessing the mother and consulting the child health handbook. Furthermore, for consultations that were thought to require more than a single session (e.g., developmental disabilities), the necessary advice was given on the spot, the staff obtained the user’s consent, and the case was handled after contacting the relevant institutions.

Generally, these consultations were child-rearing consultations, but there were often cases where the content of the final consultation touched on the mother’s problems that had emerged during the child-rearing process.

(4) Ishinomaki infant health examination

Interviews often addressed balancing work and other duties, the struggles of raising children, and praise for parents. Furthermore, there were conflicts about child-rearing, lifestyle, and long-term care caused by a complicated family structure; differences in child-rearing perspectives between partners; children’s illnesses or mothers’ mental and/or physical disorders; and anxiety in children caused by their mother’s problems. Therefore, we held discussions with the staff about how to follow up on child development and rearing, as well as support methods for families. Table 7 shows the frequency of health examinations.

Table 7. Number of health examinations

Health examination name	Number of sessions
Health examination of 4-month-old child	15
Health examination of 1-year-6-month-old child	12
Dental health examination of 2-year-old child	11
Health examination of 3-year-old child	7
Total	45

(5) Professional dispatch project: 5 cases (actual number of cases: 5; total number of cases: 6)

When our Center received professional dispatch requests (e.g., “We would like advice on how to interact with difficult-to-handle children” or “We would like professional advice on a case study meeting”) from nursery schools and kindergartens through the Ishinomaki Health Promotion Division Mother and Child Department, Center staff and a clinical psychologist were dispatched to handle them. When requests were made, we used this as an opportunity to think about effective measures by which nursery school, kindergarten, and supervisory public health nurses could provide parent–child support by assessing the child’s growth history and characteristics, environmental factors (family background, relationship with mother, etc.), psychological factors, and so on, instead of just visiting the nursery school or kindergarten and focusing on the problematic behavior.

Conclusions

It has been nine years since the Great East Japan Earthquake, and the temporary housing in Ishinomaki city concluded on January 17, 2020, with all housing complex residents moving out. FY2019 is the second year of the development period for the Miyagi Prefecture reconstruction plan, but the current situation is such that there are widening disparities in reconstruction. Housing prices have also gone up in the nine-year period, and there are problems such as persons being forced to move and rent delinquency.

With regard to cooperation with other institutions, we regularly exchange information with Ishinomaki once every two months, and with Higashimatsushima and Onagawa once per month. We also held multiple discussions with the Ishinomaki Health Center on joint workshops.

In August 2019, the prefecture announced a policy to continue the Center’s activities until FY2025, and discussions with the municipalities in its jurisdiction on “the ideal way to promote mental health care after FY2021 and the system of the Miyagi Disaster Mental Health Care Center” involved multiple meetings with the health center; ultimately, we were able to collaborate on the project.

On October 11, 2019, we held the mental care (Ishinomaki area) municipal opinion exchange meeting. We received submissions of a local health issue sheet from the perspective of mental health care activities, with the support of the municipalities, and we summarized each municipality’s common issues. The following points were agreed upon between the two cities and the town, the public health center, and our Center:

- ① Creation of a common style of face sheet; for example, in order to facilitate the continuation of support when transferring cases such as hospitalization in the Ishinomaki area. Mid-career and new-term public health nurses from each institution will participate to form a project team and seek to complete this within the year.
- ② Human resource development of young staff members is essential for the future continuation and development of community mental health and welfare activities in the Ishinomaki area. To that end, municipalities, health centers, and mental health care centers will collaborate to complete accompanying visits and case reviews.
- ③ Municipalities and public health centers will seize every opportunity and location to appeal in cases of a lack of manpower.
- ④ We hope that the children’s community base projects will continue in order to provide future support for children without disabilities or illness, which are problematic in nursery schools and kindergartens.

For activities in FY2020, we will communicate with related institutions starting with Activity ①, through which we will deepen relationships and strengthen business cooperation. As for ②, it would be ideal if all related institutions in the area could participate, but we have decided that our Center will cooperate with the public health center and engage in these efforts in collaboration with related institutions in the area. Collaboration between the two cities and the town in the Ishinomaki area has become smooth. This is due to the daily activities of the seconded individuals; a major issue in the future will be how our Center can collaborate with and support the seconded individuals. We are also in the process of modifying administrative institutions’ organizational structure and support systems.

Our Center is concluding its activities, and we have only extended the deadline to obtain answers to the questions of how to leave the activities that have been conducted in the community to date in good standing and whether we have been able to do so. We believe that FY2020 will be a year in which we advance projects, while considering and searching, as an entire area, for ways and means to further deepen the collaboration with institutions and organizations like the Ishinomaki Health Center, related persons in the two cities and the town, and Karakoro Station (which began its activities before our Center did).

The staff at our Center would like to be supporters who care for the victims, help them find and exercise their own strengths, and support their independence. We would like to continue providing support in an effort to prevent the isolation of affected residents and help them live healthy lives.

Finally, we would like to thank the public health nurses of the Ishinomaki Health Promotion Division and the staff at our Center for their cooperation in the creation of this manuscript.