

Stem Center – Community Support Division Activity Report

Miyagi Disaster Mental Health Care Center
Stem Center Community Support Division
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Introduction

The reconstruction plan for Miyagi Prefecture stipulates that the reconstruction period is the ten years after the earthquake, and FY2019 is the second year of the development period of the plan.

In FY2019, the Miyagi Disaster Mental Health Care Center Stem Center Community Support Division has been conscious of the end of the ten-year period and has been developing activities with an eye to the situation after the conclusion of this ten-year reconstruction period.

In this manuscript, we report on the main efforts of our Division in FY2019 along with a discussion.

1. Activities

The area that our division oversees includes the four cities of Shiogama, Tagajo, Natori, and Iwanuma and the four towns of Matsushima, Shichigahama, Watari, and Yamamoto in the coastal area of Miyagi Prefecture (excluding the Kesenuma and Ishinomaki areas). The damage and reconstruction conditions significantly vary within this region. Secondments and dispatch teams were used to provide support according to the municipalities' needs. There were eight and seven staff members in our division in the first and second halves of FY2019, respectively, with one individual each dispatched to Natori and Shioyama.

Table 1 shows the composition of the support team and the primary support content.

Table 1. Support team composition and support content by municipality

Municipality name	Support team composition	Primary support content
Matsushima	Two dispatches for 1–3 days per month	* Case support * Cooperation with workshops * Participation in case study meetings * Raising public awareness of “moderate alcohol consumption” at health festival venues
Shiogama	One weekly dispatch One secondment	* Case support * Home visits for high-risk individuals in the context of health surveys * Cooperation with workshops * Participation in case study meetings * Supervision of mental supporter training course (secondment)
Shichigahama	February–March Two dispatches at any time	* Home visits for high-risk individuals in the context of health surveys * Provision of alcohol-related communications * Suicide countermeasures network meeting member
Tagajo	Dispatch at any time	* Case support (accompanying visits concluded in August) * Participation in case study meetings
Natori	One weekly dispatch One secondment Two individuals at health salon/once every two months	* Case support * Home visits for high-risk individuals in the context of health surveys * Involvement in facilitating case study meetings * Involvement in public awareness projects targeting residents * Attendance at mother and child support meetings * Hosting of health salons
Iwanuma	Dispatch at any time	* Home visits for high-risk individuals in the context of health surveys

Watari	Two dispatches, 1–2 days per week	<ul style="list-style-type: none"> * Case support * Cooperation with workshops * Involvement in facilitating case study meetings * Participation in regular general conferences (from mothers and children to elderly people) * Attendance at mother and child support meetings * Attendance of and support for liaison meetings * Management of and cooperation with family associations for mental illness and the independence support council
Yamamoto	Two dispatches, 1–2 days per week	<ul style="list-style-type: none"> * Case support * Home visits for high-risk individuals in the context of health surveys * Cooperation with case study meetings * Support through community patrol health lectures * Raising public awareness of “moderate alcohol consumption” at health festival venues * Participation in regular general conferences * Attendance at mother and child support meetings

Figs. 1 and 2 show the changes in the division’s hours of activity over the three-year period from FY2017 to FY2019 and the time (in percentages) allotted to each project relative to the total active hours.

The total active hours have tended to decrease since FY2015 (five years after the earthquake disaster), and the hours in FY2019 were about half those of FY2018. When comparing activity hours, the decrease in resident support has been relatively large compared to other activities.

For the activity hours per project relative to the total number of hours, resident support was the highest in FY2018, but supporter support was the highest in FY2019, followed by resident support and meeting liaisons.

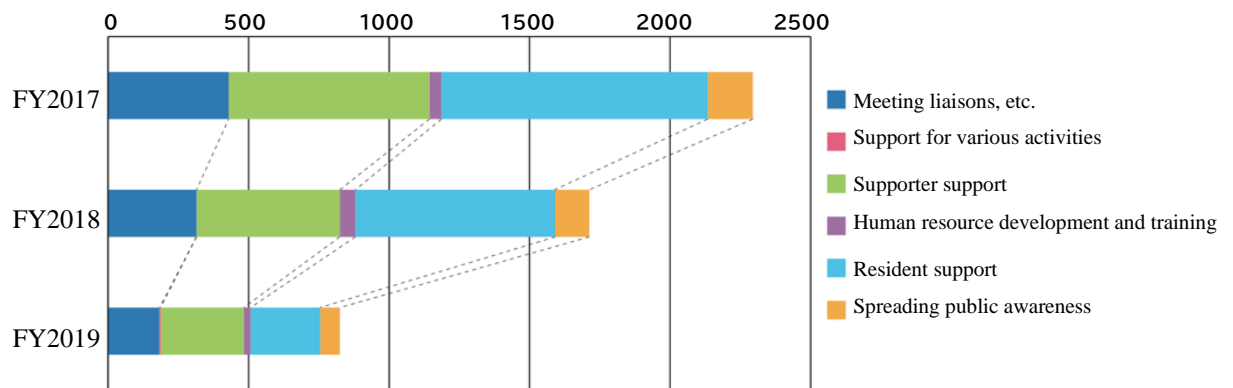


Fig. 1 Changes in activity hours at the Community Support Division

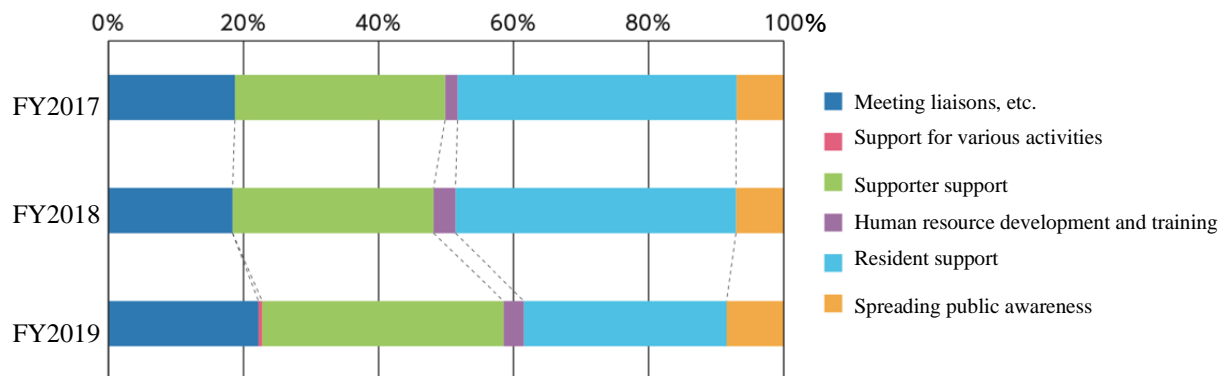


Fig. 2 Percentages for each project’s activity hours relative to the total number of hours

<Discussion>

The overall decrease in activity hours is due to the decrease in the number of divisional staff, but this is also the time when most of the overseeing municipalities are shifting back to normal work, and it is thought that our division's policy is a background factor, given the review of support with an eye on FY2020 and the fact that cases have been taken over by other institutions.

With regard to the percentage of activity hours, the percentages for supporter support, meeting liaisons, and raising public awareness have increased. The increase in meeting liaisons reflects the fact that the extension of the Miyagi Disaster Mental Health Care Center (henceforth, the "Center") has been confirmed and that there have been many discussions about the future. Regarding supporter support, the increase is thought to be the result of the special efforts our division made during FY2019.

Below is a summary of the FY2019 activities by project.

(1) Resident support

Most of the resident support consisted of home visits for high-risk individuals in the context of victim health surveys and home visits/interviews requested by local governments. Regarding the disaster victim health surveys, there were decreases in the number of surveyed people, and home visit requests from high-risk individuals also decreased. Cases requested by local governments were often those with multiple problems, such as alcohol-related problems, mothers who have problems with child-rearing, elderly people experiencing delusions, and social withdrawal.

Continuous support for high-risk individuals in the context of health surveys was often provided solely by the our division's staff, but we began to conduct accompanying visits with municipal staff in FY2019 in the interest of facilitating a smooth transfer of duties in the future. Furthermore, as a general rule, we provided support through joint work, such as accompanying visits for new municipality-requested cases other than health surveys.

<Discussion>

Some of the people who needed continuous support from the disaster victim health survey saw improvements in their status and concluded their support. There were also times when we discovered complicated situations in which the health survey acted as a trigger for the manifestation of problems that had been simmering since before the earthquake disaster, as well as families with other problems; some individuals and families required long-term support. Reconstruction is advancing, and victim support is developing as a regular form of support, but we would like to hand over cases that require long-term continuous support to municipalities and related institutions so that smooth support can be continued, even after the shift to normal support.

(2) Supporter support

With regard to supporter support, we tried to share the situation and needs with municipalities and work together, while looking ahead to community mental health and welfare activities after the conclusion of the Center's operation. Specific content is as follows.

①. Accompanying visits

We accompanied overseeing staff members and jointly conducted home visitations. We have tried to reserve as much time as possible before and after the home visits to share information and offer direction.

②. Case reviews and case study meetings

Although the number and form vary, case reviews and case study meetings are now held in most municipalities. Thanks to the public health center participation, the reviews and meetings were held regularly. The Center's doctor and clinical psychologist participated in the case study meetings, and this served as an opportunity to give advice and deliver lectures.

③. Training for supporters

Table 2 describes the training for supporters.

Table 2. Workshops for supporters

Municipality	Training content and theme	Support method	Subjects	Number of participants
Shiogama	Mental health beginner training	Lecturer dispatch	Administrative officials	9
	Preparations when engaging in mental health			
	On-site mental health lecture	Lecturer	Disability support facility staff	26
Tagajo	Workshop for raising public awareness of the mental health of victims	Lecturer dispatch	Administrative officials	24
	Practicing Finnish “neuvola” and its connections with support”			
Natori	Natori gatekeeper training course	Management and cooperation	Civil welfare officers	70
	Gatekeeper workshop	Lecturer dispatch	Administrative officials	54
	Living support — Recognizing, leaning on each other, supporting each other, and connecting			
	Joint workshop from the Comprehensive Community Support Center and the Consultation Support Office	Lecturer dispatch	Comprehensive Community Support Center staff	33
Strengthening cooperation between supporters — Creating a better support system for multi-problem households				
Watari	Workshop for at-home care support company liaison meetings	Lecturer dispatch	At-home care support staff	39
	Alcohol dependence — How to support individuals with alcohol problems			
	Gatekeeper training course (two sessions)	Management and cooperation	Administrative officials	35
Misato	Multidisciplinary workshop	Lecturer dispatch	Social council staff	140
	What is mental illness — Support for those with persecution complexes			
Misato	Attentive listening volunteer Usagi no Kai member training	Lecturer	Attentive listening volunteers	19
	Mental care for attentive listening volunteers			
Rifu	Health cooperator workshop	Lecturer	Public health cooperators	29
	Mental health supporter training course			

*Lecturer: Community Support Division staff

*Lecturer dispatch: Miyagi Disaster Mental Health Care Center staff other than from the Community Support Division

The workshops were held by the municipalities, but there were also consultations about lecturers and theme selection. For content that was difficult to handle within our division, we enlisted the cooperation of the Center’s doctor and clinical psychologist as lecturers.

<Discussion>

With an ongoing awareness that the Center is an impermanent institution, we have conducted activities jointly with municipalities (e.g., accompanying visits) in FY2019 with the objective helping them gain an understanding of those activities. There have been comments that the accompanying visits improved supervisory public health nurses’ skills, and we feel that this not only strengthens the ability to provide support in the area but also improves the skills of the staff in the municipalities and our division.

Our Center’s doctors and clinical psychologists participated in the case study meetings, and they sometimes gave lectures on how to recognize and interact with illnesses and conditions. We believe that this not only deepened the understanding of the cases but also served as a good opportunity for obtaining clues about how to behave in other situations.

The cases discussed at the case study meetings were wide-ranging, with topics such as the elderly and maternal/child health, in addition to victims' mental health. There were also many kinds of participants, including public health nurses, psychiatric social workers, midwives, nurses, registered dietitians, child-care workers, occupational therapists, care managers, Comprehensive Community Support Center staff, Comprehensive Community Child-Rearing Support Center staff, and independent support office staff. The occupations involved expanded, and we feel that we were able to recognize the benefits and importance of multidisciplinary collaboration.

(3) Raising public awareness

Tables 3 and 4 summarize the local resident exchange projects (salons) within the division's public awareness project, as well as public awareness training for residents.

Table 3. Local resident exchange projects (salons)

Venue	Activity	Hosting role	Subjects	Content	Frequency	Number of activities in current fiscal year	Total number of participants
Iwanuma	Utsukushima salon	Sponsor	Individuals who moved from Fukushima Prefecture to the Iwanuma vicinity	The content of the salon is decided according to the participants' wishes. The salon serves as a place for interpersonal and information exchange, such as during cherry-blossom viewing, dinner parties, and mini lectures. In the latter half of the fiscal year, we set up forums for discussion on salon management and conducted this while thinking about what can be done in collaboration with members. 19 registrants. 12–16 participants. Suspended in March.	Monthly	10	136
Natori	Natori health salon	Co-sponsor with the city	Men seeking to abstain from alcohol	The salon was held in the morning every month for five years, while the afternoons were for sobriety study and individual consultations regarding alcohol consumption diaries. The study sessions were concluded in FY2018, and alcohol consumption diary entries were also habited. Hosted once every two months in FY2019. Attempted to have voluntary meetings with the main members, but this did not materialize. Many members have improved and now consume alcohol appropriately, so the hosting plan for FY2020 is as an alumni association. 13 registrants. 8–12 participants. Suspended in March.	Bimonthly	5	51

	Town infirmary	Cooperation with city sponsor	Residents	The implementing body is the Natori Health Center. Conducted at three locations in the affected areas. Content includes health consultation and body composition measurements. The Center has overseen mental consultations. Supporters were wide-ranging and included care managers, Comprehensive Community Support Center staff, Comprehensive Community Child-Rearing Support Center staff, and independent support office staff.	Monthly	31	272	
	Watari	Watari men's club alumni association	Implemented in cooperation with the town	Men under 70 years who live alone	Hosted until FY2017, sponsored by our division. Subsequently continued as an alumni association with lunch meetings that also served as a place for reporting recent updates. 3 registrants. Participating members have all been able to live independent lives, and relationships with the town and social resources have been built, so meeting as an alumni association was concluded in FY2019. The final meeting involved a large lunchtime gathering of related parties, where people reflected on past activities.	Once every 3-4 months	3	9

Table 4. Public awareness training for residents

Municipality	Training content and theme	Support method	Number of participants
Matsushima	Raising public awareness of “appropriate alcohol consumption” at the health festival	Public awareness through alcohol patch tests	120
Shiogama	Mental health supporter course — Protecting an important life (1) “Mental health and suicide prevention”	Lecturer dispatch	37
	Mental health supporter course — Protecting an important life (2) “Listening to your heart and speaking well — How to communicate effectively”	In charge of lecture	25
	Mental health lecture “How to cope with stress — Important aspects for maintaining mental health”	Lecturer dispatch	100
Natori	Health education “Health picture-story show — How the monkey, the pheasant, and the dog adopt a positive outlook on life”	In charge of lecture	24
	Health lectures at family gatherings with people with dementia “Know and protect your mental health!”	Management and cooperation	17
	Health education at the community women's group liaison council “Mental health promotion”	Lecturer	125

Stem Center – Community Support Division Activity Report

Watari	Dementia supporter leader course “About dementia/depression”	Lecturer	27
	Dementia supporter leader course “Attentive listening”	Lecturer dispatch	20
Yamamoto	Mental health promotion class about stress, held in three districts	In charge of lecture	46
	Raising public awareness of “appropriate alcohol consumption” at the health festival	Public awareness through alcohol patch tests	104

*Lecturer: Community Support Division staff

*Lecturer dispatch: Miyagi Disaster Mental Health Care Center staff other than those in Community Support Division

<Discussion>

There are various community resident exchange projects (salons) of different types targeting different individuals. These projects foster social interaction to prevent loneliness and provide education on health issues. Many individuals rely on these projects in their daily lives. The projects are however temporary and we have been exploring whether or not the “Utsukushima Salon” and “Health Salon” projects should be continued and how they should be managed if they do continue. The “Utsukushima Salon” members have expressed their desire for the project to continue, saying that they “do not have any other places to interact.” We plan to continue the project in FY 2020 and will discuss future directions with members. In terms of the “Health Salon,” because the idea of temperance and moderation in alcohol has been successfully disseminated among all members, the objective of temperance itself has practically been achieved. Further, members have found places of belonging in their communities and the project was therefore concluded in FY 2019. In FY 2020, we plan to hold a reduced number of alumni meetings. The “Men’s Club Alumni Association” ended in FY 2019, and members will be entrusted to their towns. Since the salon was useful for making friends and preventing isolation, we hope that these individuals will be referred and placed in local community salon projects even after this particular one has ended.

We have dispatched instructors and cooperated in the operation of public awareness projects for residents, keeping in mind that these will be handed over to municipal officials shortly. The responsibilities of appointing training instructors are also being shared between this division and the municipalities. In FY 2020, we hope to take a step back so that municipalities can take the initiative for training.

(4) Human Resource Development

Since FY 2017, this section has been focusing on disseminating knowledge about alcohol avoidance. In FY 2018, we co-sponsored a workshop for supporters with the Miyagi Mental Health and Welfare Center (Seiho Center), and when required, went to the municipalities to present lectures. After that, the idea of “alcohol avoidance” was incorporated in the “Miyagi Prefecture Alcohol Health Disorders Promotion Plan,” ensuring that the entire prefecture would be covered.

Thus, from FY 2019 onwards, the Seiho Center and the Planning and Research Division were placed in charge of training workshops. In 2019, this section cooperated with the “Temperance Support and Follow-up Workshop” sponsored by the Shiogama Health Center. At this workshop, public health nurses, dietitians, and people in charge of companies’ health counseling offices reported their efforts to support temperance. Further, it was felt that the concept of temperance was gradually gaining acceptance.

We believe that this division’s role in the future will be to carry out awareness-raising activities to avoid alcohol and provide support if required.

Conclusion

This division set the following as our activity goal for FY 2019: “In light of the end of the recovery/reconstruction period (FY 2020 and beyond), we will work to understand the actual situation in municipalities and support municipal support staff in their efforts to carry out community mental health and welfare activities smoothly.” We have provided support this year while cognizant of our goal of handing over responsibilities to municipal officials.

Support for residents is based on joint visits, and the case study group has endeavored to expand the scope of gatherings and provide places for collaboration and learning. We have also taken part in workshops intending to hand them over to the municipalities. It can be said that while a variety of approaches and content were implemented, most of our activities in 2019 involved support for the supporters.

In the middle of FY 2019, it was decided that the Center's active period would be extended by five years. With this extension, the municipalities, the Seiho Center, and the Miyagi Disaster Mental Health Care Center (MDMHCC) are cooperating to discuss future community mental health activities centered on public health centers, to resolve issues related to the communities. We addressed this goal at the “Mental Health Care Implementation Meetings.” Into FY 2021 and beyond, we aim to “maintain mental health for all, from children to the elderly.” For this purpose, we have decided to focus on implementing “continuous public health activities” and on “raising the level of community mental health and welfare activities (human resources development that can be done on-site).” “Continuous health activities” include primary prevention (health education/dissemination and enlightenment, the establishment of a consultation system, and multi-generational exchange and community development), secondary prevention (health examination and screening, connection to appropriate medical care/services, and early-stage intervention), tertiary prevention (prevention of progression/complications, rehabilitation, and promotion of social reintegration), and collaboration/networking with other organizations. “Raising the level of community mental health and welfare activities (human resources development that can be done on-site)” includes joint visits (assessment and relationship building), case studies (securing a place for learning), and outreach. This division will carry out visitations in cooperation with municipalities, public health centers, and the Seiho Center and participate in case study meetings. The specific content of these initiatives is scheduled to be examined in FY 2020.

In FY 2020, we would like to work more closely with municipalities, health centers, and the Seiho Center and consider specific details of our work from 2021 onwards. We would also like to review and summarize this section's work over the past 10 years and move forward with activities to “maintain the mental health of all, from children to the elderly.”