Overview of the Miyagi Disaster Mental Health Care Center

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Association Overview

Name:	Miyagi Prefecture Mental Health and Welfare Association		
Purpose:	To promote and improve the mental health and welfare of citizens in Miyagi Prefecture	Director:	Noriyuki Takashina (Shotokai Minamihama Central Hospital Chairman)
Established:	1971 (opened in 1959)	Location:	Osaki City, Miyagi Prefecture

Progress of Establishing the Miyagi Disaster Mental Health Care Center

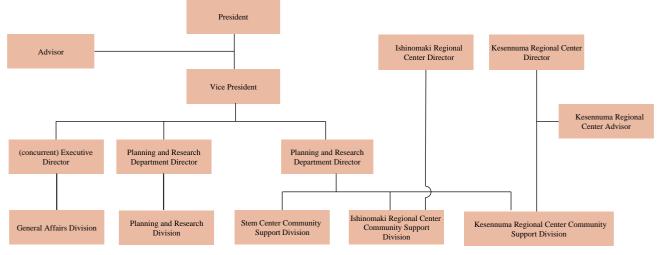
A Disaster Mental Health Care Center was required as a base to provide long-term support to victims for post-traumatic stress disorder (PTSD), depression, alcohol-related problems, suicides, and other mental health problems caused by the disaster; and to support medical care and community life for people with mental illness. Miyagi Prefecture inquired about establishing a center, and, following active efforts from the Association, it was decided that a Disaster Mental Health Care Center be established and operated in the Prefecture.

- · November 2011 Establishment of a preparation room within the Association
- · December 2011 Disaster Mental Health Care Center (Stem Center) established
- · April 2012 Ishinomaki Regional Center and Kesennuma Regional Center established

Miyagi Disaster Mental Health Care Center system

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Number	55 (43 full-time, 12 part-time) as of March	
of staff:	31, 2021	m line
Professions:	psychiatrists, psychiatric social workers, psychologists public health nurses, nurses, and so forth.	Kather Cy Kat Tase Oali Cy Var
Locations (activity areas):	 Stem Center [Aoba Ward, Sendai City] Activity areas (Shiogama District, Iwanuma District, inland areas) Ishinomaki Regional Center [Ishinomaki City] Activity areas (Ishinomaki District) Kesennuma Regional Center [Kesennuma City] Activity areas (Kesennuma District and Ichinoseki District (evacuation destination)) 	Hereit and the second s

Miyagi Disaster Mental Health Care Center Organization chart



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Key principle:

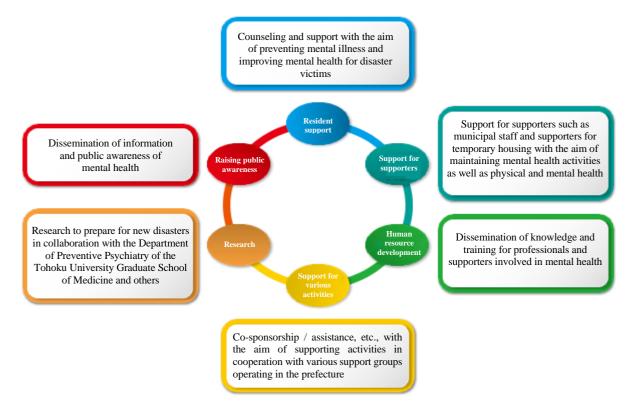
To improve community mental health and welfare in disaster areas

Basic policy of activities:

- (1) Resident support activities centered on outreach in collaboration with municipalities.
- (2) Multifaceted support for supporters, such as consulting and mental health.
- (3) Implementation of "seamless support from children to adults."
- (4) Community mental health support activities tailored to affected municipalities.
- (5) Summary of activities that contribute to future measures against large-scale natural disasters.

Primary activities:

We consider all residents of Miyagi Prefecture who were psychologically affected by the Great East Japan Earthquake as targets of mental health care. We are engaged in support projects according to the unique conditions of the community, so that citizens of the prefecture can soon live peacefully.



Characteristics of initiatives:

- We conduct activities that meet the needs of the community, with a focus on support provided by the health and welfare departments of local governments, as well as disaster victim support staff.
- Multiple professionals transcend the boundaries of their professions and work as a team.

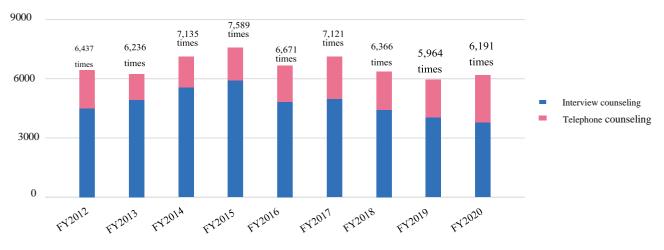
Activity results

We have responded to the community's needs, including the following: Health surveys of tenants in emergency (containertype) temporary housing / apartment-type rental housing and public housing situated in Miyagi Prefecture; support for individuals who required follow-up based various health survey results conducted in municipalities; professional advice regarding support for difficult resident cases; mental health support for exhausted administrative staff and supporters (such as supporters for temporary housing); and support to supplement the shortage of professional human resources in municipalities.

*Emergency (container-type) temporary housing is hereinafter referred to as "emergency housing," and apartment-type rental housing as "private rental housing."

*Tabulation work is conducted using our own business statistics system. In cases where a response was provided by multiple staff members, the same activity is tabulated as a single case.

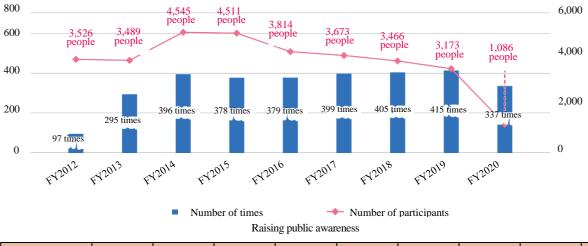
[Resident support]



Resident support (total number of cases)

Fiscal year	2012(H24)	2013(H25)	2014(H26)	2015(H27)	2016(H28)	2017(H29)	2018(H30)	2019(R1)	2020(R2)
Interview counseling (number of times)	4,492	4,926	5,569	5,921	4,828	4,990	4,419	4,047	3,793
Telephone counseling (number of times)	1,945	1,310	1,566	1,668	1,843	2,131	1,947	1,917	2,398

Health surveys of tenants in emergency and/or private rental and public housing situated in Miyagi Prefecture, support for individuals who required follow-up based on various health survey results conducted in municipalities, etc.



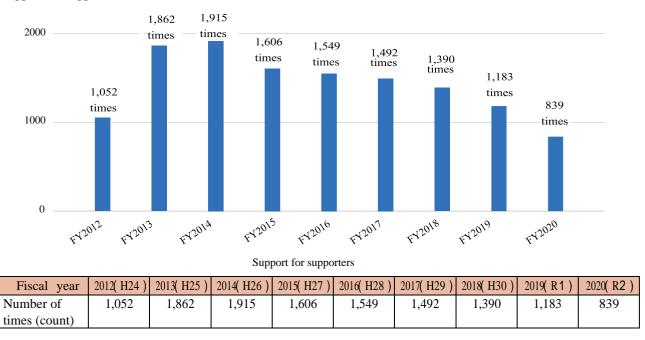
[Raising public awareness]

Fiscal year	2012(H24)	2013(H25)	2014(H26)	2015(H27)	2016(H28)	2017(H29)	2018(H30)	2019(R1)	2020(R2)
Number of times (count)	97	295	396	378	379	399	405	415	337
Number of participants (people)	3,526	3,489	4,545	4,511	3,814	3,673	3,466	3,173	1,086

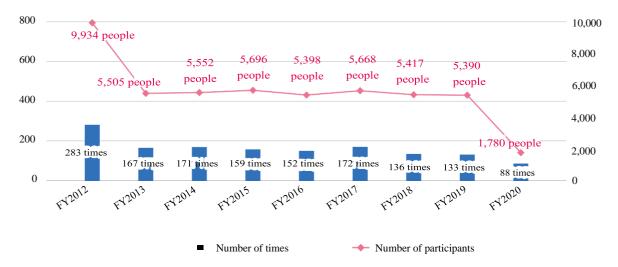
Dissemination of information and public awareness of mental health

♦ Salon activities, training for raising public awareness, mental health counseling service booths, etc.

[Support for supporters]



Support for supporters such as municipal staff and supporters for temporary housing, aimed at maintaining mental health activities as well as physical and mental health.



[Human resource development]

Human resource development

Fiscal year	2012(H24)	2013(H25)	2014(H26)	2015(H27)	2016(H28)	2017(H29)	2018(H30)	2019(R1)	2020(R2)
Number of times	283	167	171	159	152	172	136	133	88
(count)									
Number of	9,934	5,505	5,552	5,696	5,398	5,668	5,417	5,390	1,780
participants									
(people)									

Dissemination of knowledge and training for professionals and supporters involved in mental health

Support skills training for administrative officials, supporters for temporary housing, educators, etc.; training for addiction-related problems, etc.

Stem Center

Oversees municipalities in the Shiogama Health Center and Iwanuma Branch areas. Addresses issues according to individual reconstruction situations and needs while sharing issues with municipalities and health centers.

• The number of requests for assistance from mothers with mental health problems is increasing, and we are conducting accompanying visits and interviews with municipal officials.

• There is a need for advice on difficult cases in municipalities, and our participation in case study meetings and support meetings is needed.

Ishinomaki Regional Center

The entire area is affected by the disaster. Building a system to directly support residents and a support system through stronger cooperation between supporters is becoming an urgent issue, alongside changes such as relocating to public housing.

• The way collaborations with health centers and municipalities will be conducted was summarized as a plan, direct support was provided to residents, and health centers will play a central role in building a system to aid supporters.

• Deepen communication in the area through practice, such as hosting workshops in collaboration with health centers and municipalities.

Kesennuma Regional Center

The entire area is affected by the disaster. There was a shortage of professionals involved in mental health care since before the earthquake, and this has been exacerbated after the earthquake. This Center is recognized as an institution that can manage individual counseling for residents, and the number of consultations remains high.

• The number of individual consultations have increased for children and working aged people in their 20s to 40s.

• Consultation contents are often multifaceted and complicated, and continuous support is required.



Children's Mental Health Care Community Base Project from FY2016 to FY2020 (number of cases)

	Fiscal year	2016	2017	2018	2019	2020	
① Consultation project	Consultations	230	281	330	373	431	Visits, walk-ins, telephone counseling for children, family, supporters
(2) Professional dispatch	Number of times	234	266	309	229	262	Child psychiatrists, clinical psychologists, etc., dispatched to municipalities, schools, nursery centers, etc.
③ Training project	Number of times	43	51	40	47	31	Holding workshops; dispatching instructors to training conducted by municipalities, nursery centers, etc.
(4) Dissemination / public awareness project	Number of times	4	2	3	20	4	Cooperating with dissemination of information in pamphlets and public relations magazines on children's mental health, salons, etc.
(5) Research project	Research	2	2	11	9	4	Children's Cohort Study