

## [Resident support project]

### 1. Consultation support project (walk-in visitors, home visits, telephone consultations, etc.)

#### (1) Handling individual consultations

Since the disaster, we have been providing support to those with poor physical conditions and those with mental illness, and we have responded to referrals from other institutions and requests from individuals themselves. However, the number of referral cases has decreased with the withdrawal of support organizations, and the number of consultation cases has decreased.

#### (2) High-risk follow-ups following public housing occupant health surveys

##### ① Ishinomaki City public housing health survey

In March 2020, we received a request for cooperation from the Health Promotion Division of the Ishinomaki City Health Department (hereinafter, "Health Promotion Division") for the FY2019 public housing occupant health survey. We accordingly provided individual support through on-site surveys and other means. However, after April 2020, there was a period where home visits and so forth became difficult due to the COVID-19 pandemic.

The criteria of the Health Promotion Division for individuals requiring follow-up were as follows:

① K6: 13 points or more, ② K6: 10–12 + male + 18–64 years old + no counseling partner, ③ very poor or not very good physical health + no disease or treatment interruption. Specifically, ② entails suicide countermeasures for working-aged men. Participants requested by the Division included 70 men from 65 households in the Hebita / Kamaokaido Districts of Ishinomaki City.

The visit survey results were as follows: 30, 33, and 7 people who continued; concluded; and refused support, etc.; respectively. The 30 people who continued support comprised 13 men and 17 women, with 80% under the age of 65 years and 46.7% in single-person households. As 10 years had passed since the earthquake, there were cases where mental health care problems were complicated by disease or economic problems, and many cases required time-consuming support. The 30 people who continued support were given support until they connected with new supporters such as consultation support, lifestyle protection, community comprehensive support centers, disability support offices, etc. Support was concluded as of March 2021.

##### ② Higashimatsushima City public housing health survey

We conducted telephone and home visit support to follow-up on individuals requiring support based on the FY2019 public housing occupant health survey and the FY2020 specific medical examination mental health care questionnaire. Home visit participants were those with a K6 of at least 18 points, and those who commenced with alcohol consumption in the morning or afternoon.

### 2. Victim support exchange project – "Koko Farm"

The Koko Farm, which commenced in April 2013, had many individuals who wished to continue its activities; however, it was concluded after seven years in December 2020. Activities in FY2020 involved 30 sessions of the Koko Farm, a total of 122 participants, and 56 volunteers.

### 3. Ishinomaki Danshukai meetings

In FY2021, to expand the Ishinomaki Danshukai meetings conducted since FY2015 by Ishinomaki City, Miyagi Prefecture Danshukai (hereinafter, "Danshukai"), and the Division to voluntary activities, the Division changed its form of support from sponsorship to assistance. From April 2021, the organization began planning activities such as the Ishinomaki Daytime Meetings.

#### (1) Higashimatsushima City

One psychiatric social worker was stationed at the Health Promotion Division in Higashimatsushima City. After considering periods when multiple employees were stationed, a total of 13 individuals have been seconded over nine years since FY2012. For FY2020, staff members took care not to burden the city after their withdrawal.

Continuing from the previous year, the primary work in FY2020 involved overseeing tasks related to mental health and welfare while receiving instructions from the city. Staff member work involved individual walk-ins, telephone counseling, home visits and accompanied visits, accompanying professional consultations, participating in various care meetings, acting as a coordinating liaison with related organizations, and participating in case study meetings. Activities were conducted while informing related organizations of the end of the secondment system.

Other than responding to individual cases, staff members were involved in support work for planning and managing the city's health and welfare projects, public awareness activities, various meetings, and workshops. Efforts were made to consider the overwork of city officials due to major changes in the project schedule and contents due to COVID-19.

For example, various medical examinations conducted in the beginning of the fiscal year were postponed to the second half of the fiscal year. Moreover, the recovery, input, and commencement of follow-up of the "Mental health questionnaire" (Higashimatsushima City project) distributed at the time of medical examinations was postponed to a start date in December. Therefore, staff members tried to compile project reports within the fiscal year.

In Higashimatsushima City, sufficient consideration was given to cooperating with city public health nurses or psychiatric social workers for case handling, in view of the end of the secondment system since accepting seconded employees. Therefore, we believe that the transfer and withdrawal of work could be completed without any confusion.

## **(2) Onagawa Town**

In Onagawa Town, one psychiatric social worker was stationed at the Health Measures Section (Health Center) of the Health and Welfare Division and conducted the work there. The seconded employee was mainly engaged in mental health and welfare projects, and provided support to individual residents through visits, telephone consultations, and case conferences. It was determined from the onset that the secondment system would conclude by FY2020, so the employee made a conscious effort to share the situation of cases as appropriate, such as visiting with the town public health nurse to a feasible extent to ensure a smooth transition. At the end of March 2021, when the secondment was concluded, the cases supported by the seconded employee to date were organized and handed over to the town public health nurse. Individual resident support from FY2021 onward was handled by a system where the Section would receive requests from the town as needed.

Furthermore, the employee cooperated with raising public awareness of information on mental health (e.g., stress and drinking alcohol) in venues such as health classes for residents held in each district, and in town public relations articles.

The "Mental health care lecture" that was held in each district by the Health Center since FY2018 was held in only one district in FY2020 due to COVID-19, but the Center's part-time psychiatrist was dispatched as the instructor and cooperated with planning and management. A health lecture on mental health during COVID-19 was given, and there were many questions from the participating residents given the timely topic. Furthermore, consultations from residents and supporters were conducted on the day when the part-time doctor was dispatched, and a venue for individual consultations was also set up.

The office LAN was used once a month to send information about mental health to the town staff under the title of "Heart Communication," stress checks were conducted, and interviews were coordinated with industrial physicians.

## **2. Consultation project**

### **(1) Regular meetings with health centers, municipalities, and Division**

We have been holding monthly meetings with two cities and one town in the jurisdiction, and health centers have also been present since the meeting with Onagawa Town in August 2020.

### **(2) Participation in case reviews and case study meetings**

We participated with health centers in a case review conducted at health centers, as well as a case study meeting held in the municipality. In the future, we will participate in reviews of inpatient cases involving health centers, as well as cases where treatment is difficult in the municipality, where we will regularly evaluate the situation. We also plan to discuss at case study meetings how to manage difficult cases that involve individual support.

### **(3) Accompanying visits with other organizations**

Accompanying visits were conducted at the request of health centers and the municipalities. In the future, we plan to conduct accompanying visits for cases for which case review was conducted, cases for measures, difficult-to-respond cases, cases of suspected violence, and cases of handling various consultation services; and provide advice for case support.

#### (4) Professional dispatch project

##### ① Nursery center visits (child observations and conference)

We conducted seven visits (once in Onagawa Town, six times in Ishinomaki City) in FY2020. There were no central intellectual problems. However, there were many cases in which undesired behavior was seen in the field of group childcare, and supporters were having trouble dealing with children and their parents. We requested that descriptions of progress to date in children be provided in reports from supervising public health nurses and child supporters, and this be prepared as the central topic of the mini lecture.

In the conference, we examined the meaning and response of children's behavior. Moreover, the mini lecture for supporters that was given in this conference incorporated the perspectives of child development, trauma, and attachment, with each session being well-received by the supporters. After the nursery center visits, a supervising public health nurse gave a subsequent progress report of the supporters and children to the Division, and feedback was given from the Division. Thus, this was also a learning venue and is thought to be very effective.

##### ② Case study meetings

In FY2020, we studied three cases. This was an opportunity to share the roles of related organizations once again by creating an integrated view of difficult-to-respond cases involving multiple occupations when considering future forms of support based on the background of the cases.

#### [Human resource development project]

##### 1. Supporter's mental health promotion support project

We provided training on mental health at the request of health centers and local governments in the Ishinomaki area (Table 1).

Table 1 Human resource development projects (training)

Implementation date	Host municipality	Training name / content	Subject	Number of participants
2020/9/15	Higashimatsushima City	Higashimatsushima City public welfare committee workshop: "How to engage in better attentive listening for support recipients"	Social workers	80
2020/9/30	Ishinomaki City	Ishinomaki City listening training course (suicide countermeasures): "How to be a better listener"	General public, social workers, administrative staff, disability welfare personnel	55
2020/10/21	Ishinomaki City	Ishinomaki City listening training course (suicide countermeasures): "How to be a better listener"	Social workers, health promotion workers, administrative staff	57

2020/11/9	Ishinomaki City	Ishinomaki City listening training course (suicide countermeasures): “Supporting life and hearts”	barbers' association	63
2021/1/19	Ishinomaki City	Ishinomaki City Health Promotion Division new-term public health nurse training workshop: “Case study meeting”	Administrative officials	6

## 2. Mental health care workshop (wide-area training)

We co-sponsored workshops with Miyagi Prefecture and the Miyagi Prefectural Board of Education for public health nurses, nursery teachers, and educators who have been engaged in supporting children in municipalities within the prefecture since 2013; however, this was suspended for 2020 due to COVID-19.

## 3. Children’s mental health care Ishinomaki area training

We co-sponsored training with Ishinomaki City / Ishinomaki City Board of Education, Higashimatsushima City / Higashimatsushima City Board of Education, and Onagawa Town / Onagawa Town Board of Education for supporters involved in health, childcare, and education in disaster support in the Ishinomaki area. However, this was suspended for 2020 due to COVID-19.

## 4. Various workshops

To date, we have hosted workshops in collaboration with health centers on alcohol-related problems and suicide countermeasures for cooperation between internal medicine and psychiatry. The collaborative project with health centers was a major asset when considering new projects for the activities of the Division after FY2021, but this was suspended in FY2020 due to COVID-19.

### [Raising public awareness]

#### Support for Ishinomaki City Koyo municipal housing complex health counseling meetings

We have provided continuous support since FY2019 at the request of the Ishinomaki City Hebita Community Comprehensive Support Center. We planned to host these meetings monthly for FY2020; however, due to COVID-19, we were only able to host them four times from July to October. The total number of participants was 41 residents of the housing complex.

### [Research aggregation project]

We reflected on the progress of support toward the independence of the Danshukai meetings, which was conducted by the “Danshukai” and the Division in collaboration with the Health Promotion Division. It was thus considered that suggestions could be made for future community mental health and welfare activities by studying aspects to be aware of when supporters support self-help groups, as well as the role of each member (including support toward “independence” and the ideal way to cooperate). Therefore, a publication presentation was made at the 11th Miyagi Convention of the Tohoku Mental Health and Welfare Society as follows: “Implementation of joint projects with self-help groups (Danshukai) and support toward autonomy: Reflecting on activities at the Ishinomaki Regional Center of the Miyagi Disaster Mental Health Care Center.”

### [Future prospects and issues]

Nine years after opening in April 2012, we have cultivated relationships of trust while conducting various projects with health centers and municipalities in the area. We could not predict how the withdrawal of seconded employees at the end of March 2021 would affect municipalities. Moreover,

there was a need to determine how the health centers, municipalities, and the Division would cooperate, collaborate, and look ahead in the future. To respond to requests from health centers, municipalities, and other organizations as much as possible after careful examination as was done before, the requests were confirmed directly with health centers and municipalities from November 2020. We also formulated how health centers and municipalities should implement the projects going forward as the “Miyagi Disaster Mental Health Care Center Ishinomaki Regional Center activity plan for FY2021 onwards.” This was based on the second operation plan of the Miyagi Disaster Mental Health Care Center for FY2021 onwards, where we also summarized these under the three projects of ① resident support, ② support for supporters, and ③ raising public awareness, and shared them.

The Division is an organization that will disappear from the Ishinomaki area in five years; and we wish for our organization to be used by people, including the administration of the area, while still active. We would like to respond to requests from health centers and municipalities as much as possible, such as conducting consultations and visits together, and we would like to cooperate to continue activities that help victims of loneliness and suicide as much as possible.

Furthermore, for cases where direct requests for support are received, we wish to collaborate with municipalities as a rule and continue to provide support in the form of home visits and walk-in visitors primarily as a background presence. Moreover, we wish to further strengthen collaboration with Karakoro Station, disability support offices, and community comprehensive support centers.