

Overview of the Miyagi  
Disaster Mental Health Care  
Center



# Overview of the Miyagi Disaster Mental Health Care Center

## Overview of operating association

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

## Progress of Installation of the Miyagi Disaster Mental Health Care Center

A Disaster Mental Health Care Center needed to be installed as a base to provide a long-term response for victims with posttraumatic stress disorder (PTSD), depression, alcohol-related problems, suicide, and other mental problems caused by the Great East Japan Earthquake disaster; and support medical care and community life for people with mental illness. Miyagi Prefecture inquired about the operation of a center, and following active efforts by the Association, the authorities have decided that a Disaster Mental Health Care Center be established and operated in the Prefecture.

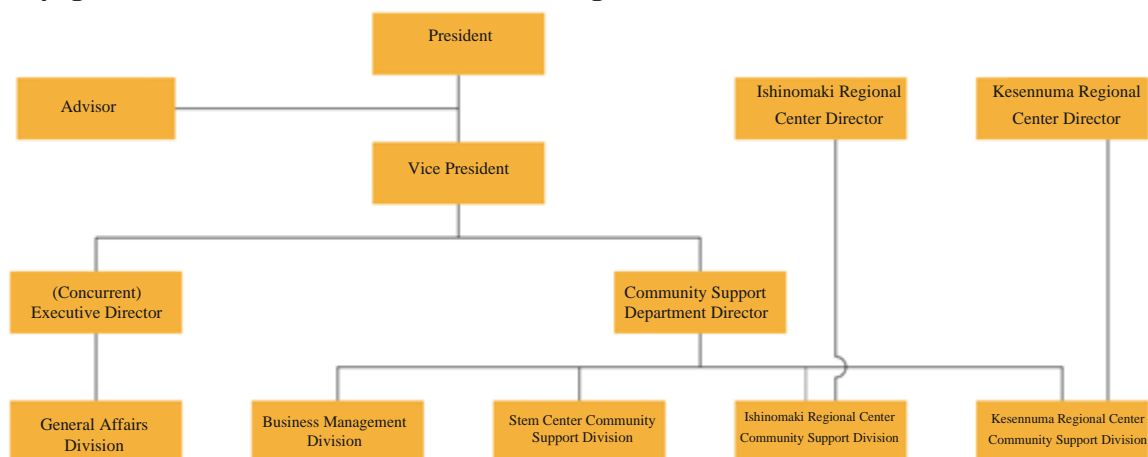
- November 2011 Establishment of a preparation room within the Association
- December 2011 Disaster Mental Health Care Center (Stem Center) installed
- April 2012 Ishinomaki Regional Center and Kesenuma Regional Center installed

## Miyagi Disaster Mental Health Care Center system

President:	Naru Fukuchi (Hospital Associate Professor, Tohoku Medical and Pharmaceutical University Hospital)
Number of staff:	37 (31 full-time, 6 part-time) as of April 1, 2021
Professions:	psychiatrists, psychiatric social workers, psychologists, public health nurses, nurses, etc.
Locations (activity areas):	<ul style="list-style-type: none"> <li>• Stem Center [Aoba Ward, Sendai City] <ul style="list-style-type: none"> <li>○ Activity areas (Shiogama District, Iwanuma District, inland areas)</li> </ul> </li> <li>• Ishinomaki Regional Center [Ishinomaki City] <ul style="list-style-type: none"> <li>○ Activity areas (Ishinomaki District)</li> </ul> </li> <li>• Kesenuma Regional Center [Kesenuma City] <ul style="list-style-type: none"> <li>○ Activity areas (Kesenuma District and Ichinoseki District (evacuation destination))</li> </ul> </li> </ul>



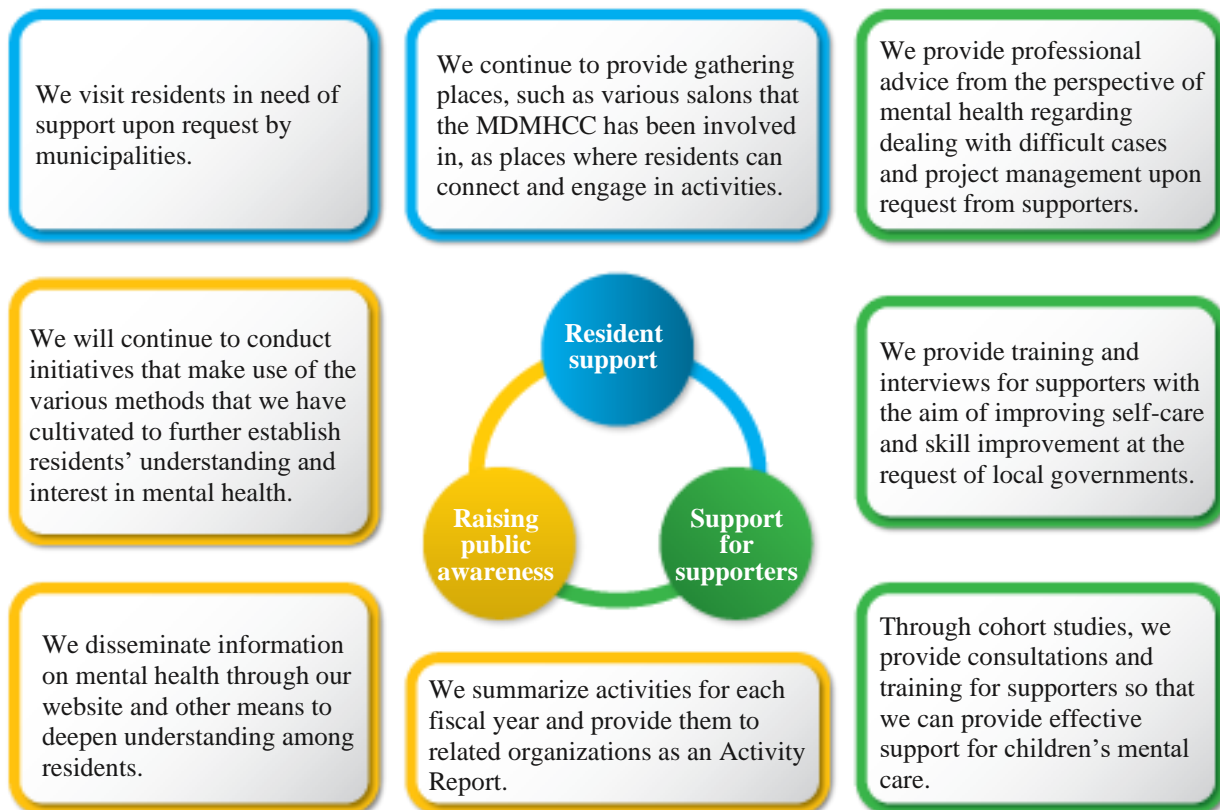
## Miyagi Disaster Mental Health Care Center organization chart



The basic philosophy and activity policy of the MDMHCC are published in the Second Operation Plan (Summary version) 2021–2025.

### Main activities from 2021

We consider all residents of Miyagi Prefecture who were psychologically affected by the Great East Japan Earthquake as targets of mental health care, and we are engaged in support projects according to the actual conditions of the community so that citizens of the prefecture could live with peace of mind as soon as possible in the community.



### ■ 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 go beyond the boundaries of their professions and work as a team.

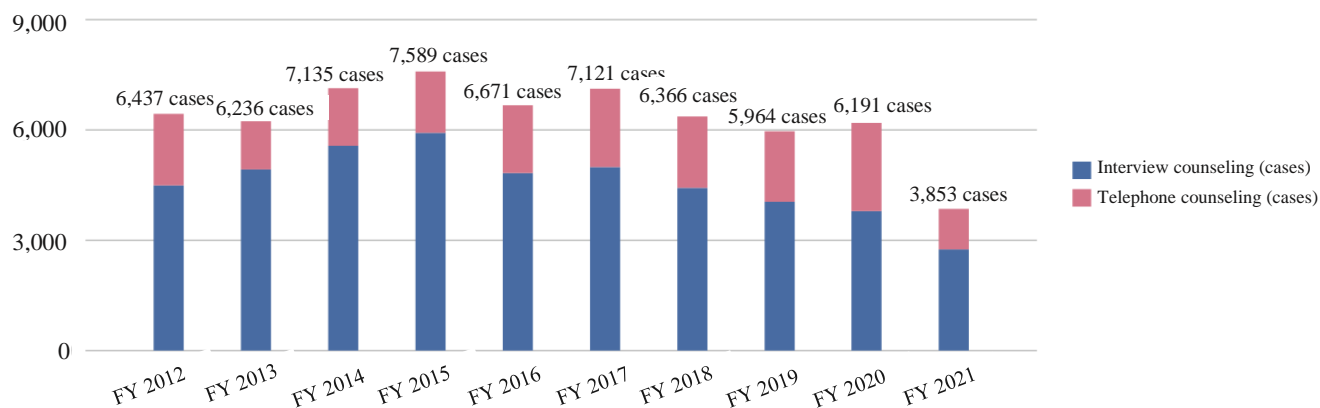
## Activity results

We have responded to the needs of the community, including the following: health surveys of tenants in emergency (container-type) temporary housing/apartment-type rental housing and public housing installed in Miyagi Prefecture; support for individuals who required follow-up based on results of various health surveys 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 aimed to supplement the shortage of professional human resources in municipalities.

\* Emergency (container-type) temporary housing is referred to as “emergency housing” and apartment-type rental housing is referred to as “private rental” below.

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

## Resident support

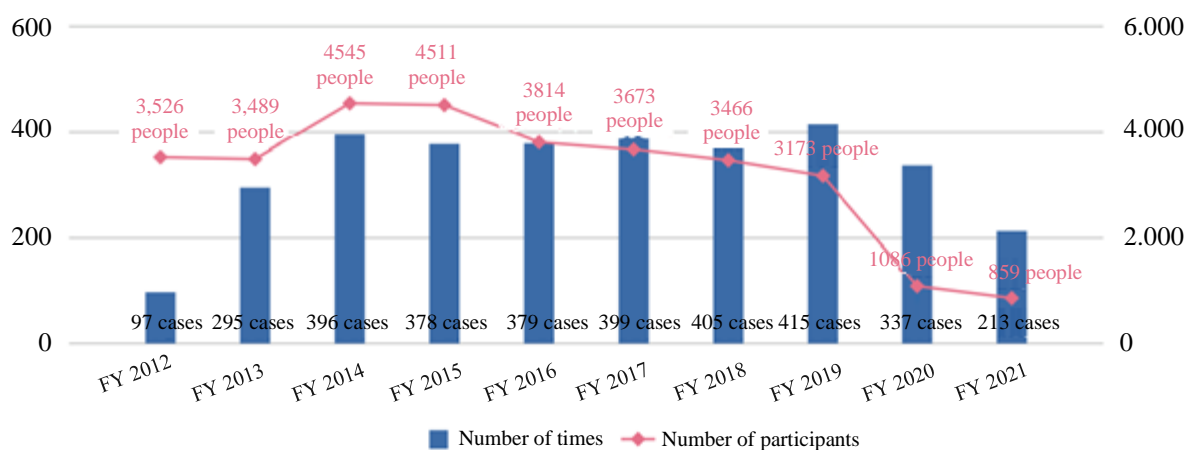


Resident support (total number of cases)

Fiscal year	2012 (H24)	2013 (H25)	2014 (H26)	2015 (H27)	2016 (H28)	2017 (H29)	2018 (H30)	2019 (R1)	2020 (R2)	2021 (R3)
Interview counseling (cases)	4,492	4,926	5,569	5,921	4,828	4,990	4,419	4,047	3,793	2,752
Telephone counseling (cases)	1,945	1,310	1,566	1,668	1,843	2,131	1,947	1,917	2,398	1,101

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

## Raising public awareness



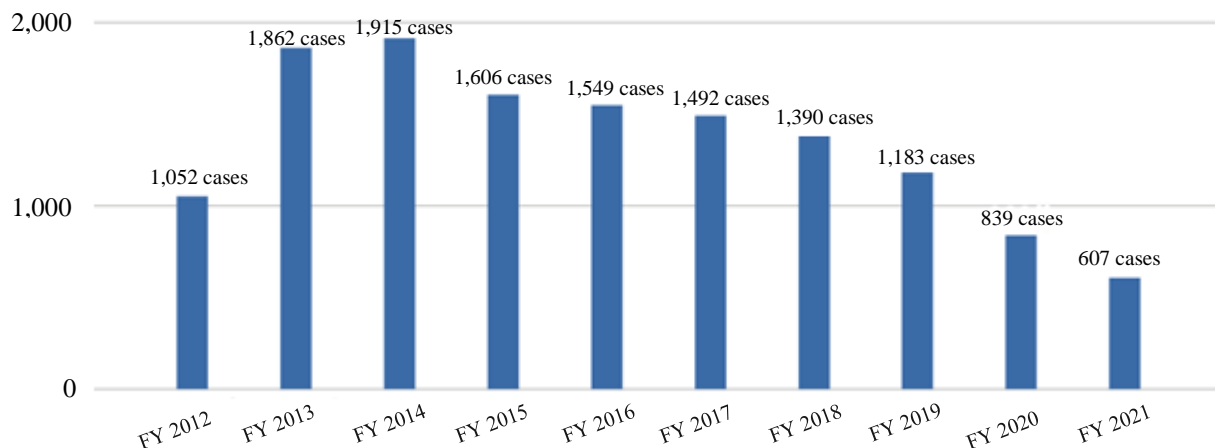
Raising public awareness

Fiscal year	2012 (H24)	2013 (H25)	2014 (H26)	2015 (H27)	2016 (H28)	2017 (H29)	2018 (H30)	2019 (R1)	2020 (R2)	2021 (R3)
Number of cases	97	295	396	378	379	399	405	415	337	218
Number of participants (people)	3,526	3,489	4,545	4,511	3,814	3,673	3,466	3,173	1,086	859

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

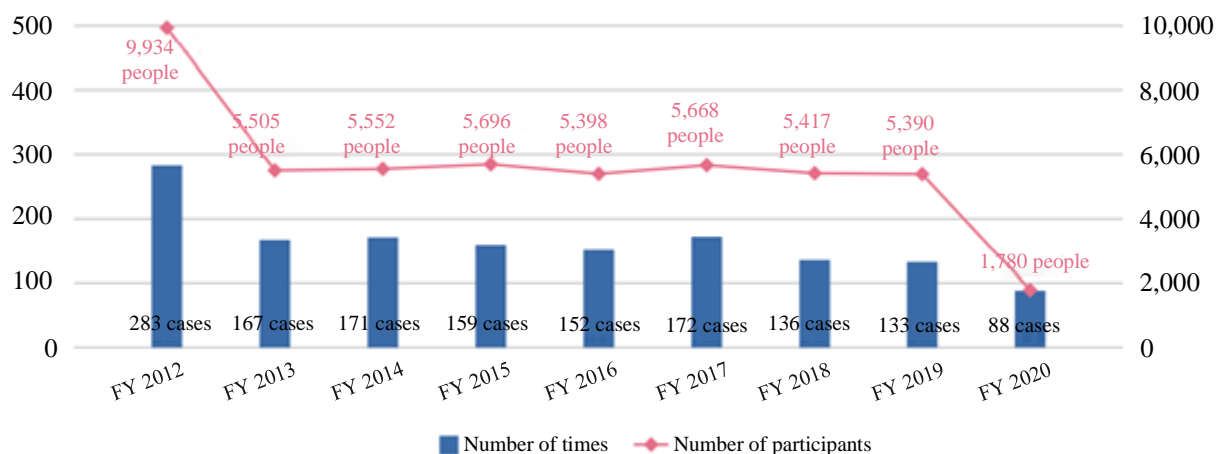


Support for supporters

Fiscal year	2012 (H24)	2013 (H25)	2014 (H26)	2015 (H27)	2016 (H28)	2017 (H29)	2018 (H30)	2019 (R1)	2020 (R2)	2021 (R3)
Number of cases	1,052	1,862	1,915	1,606	1,549	1,492	1,390	1,183	839	607

Support for supporters, such as municipal staff and supporters for temporary housing, with the aim of maintaining mental health activities as well as physical and mental health

### Human resource development, until FY 2020



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 cases	283	167	171	159	152	172	136	133	88
Number of participants (people)	9,934	5,505	5,552	5,696	5,398	5,668	5,417	5,390	1,780

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.

## Characteristics of Centers

### Stem Center

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

- The number of requests for responses to mothers who have 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 is needed in case study meetings and support meetings.

### Ishinomaki Regional Center

The entire area was 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 manner in which collaborations with health centers and municipalities will be conducted was summarized as a plan, and in addition to providing direct support to residents, health centers will play a central role in building a system to support supporters.
- Deepen communication in the area through practice, such as hosting workshops in collaboration with health centers and municipalities

### Kesenuma Regional Center

The entire area was affected by the disaster. There had been a shortage of professionals involved in mental health care even before the Great East Japan Earthquake, and this has become an even more serious issue after the earthquake. This Center is recognized as an institution that can handle individual counseling for residents, and the number of consultations remains high.

- Individual consultations have increased in number for children and working-age people in their 20s through 40s.
- Consultation contents often are multifaceted and complicated, and continuous support is required.



Children's Mental Health Care Community-Based Project From FY 2016 to FY 2020

(Number of cases)

Fiscal year		2016	2017	2018	2019	2020	
(1) Consultation project	Consultations	230	281	330	373	431	Visits, walk-in, 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 the dissemination of information in pamphlets and public relations magazines on children's mental health, salons, etc.
(5) Research project	Studies	2	2	11	9	4	Michinoku Children's Cohort Study